

CHILD/FAMILY CONSUMER SURVEY 2014

TOOL KIT

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This is the last MHSIP survey that will be conducted by the Washington Institute for Mental Health Research and Training at Western State Hospital. In consolidation with the Mental Health Division, WIMHRT began conducting surveys of outpatient mental health clients in 1998. The first survey was the Sampling Based Outcome Study (SBOS), which was a face-to-face survey. It took interviewers nearly a year to locate and interview 700 randomly selected clients. This survey was highly successful in obtaining needed service satisfaction information from clients but was costly and time consuming. To obtain needed information from clients in a more efficient and cost effective manner, a Computer Assisted Telephone Interviewing system (CATI) was installed at WIMHRT in 2000. The system was first used to conduct the Children with Special Needs Survey 2001 (CSNS). In 2002 we began conducting annual MHSIP surveys. Since then, eleven annual surveys have been administered to adults (18 and older) and ten annual surveys to families (under 13) and youth (13-21). Information gained from the surveys has been used by RSNs, provider agencies, DBHR, and Federal entities to better understand how services to mental health clients are working and to make modifications and changes when needed.

Success of the WIMHRT CATI system has been dependent upon many factors over the years, particularly the funding, support, and fiscal management of DBHR and the umbrella agency for WIMHRT, The Division of Public Behavioral Health and Justice Policy at the University of Washington. MHSIP also could not have been possible without the ongoing support of the Economic Services Administration, the Division of Research and Data Analysis, RSNs, and provider agencies that provided needed contact information for clients over the years. But the true soul of the surveys are the nearly 30,000 consumers who freely shared their service experiences, and the cadre of interviewers, many of whom are consumers and family members of consumers themselves, that diligently made hundreds of thousands of call attempts to obtain this information.

Dennis McBride
July 2014

About This Tool Kit

We intend that users of this Tool Kit have the capacity to access and interpret data collected from Washington State's Children's Consumer Survey – 2014(CFS). This Tool Kit consists of an overview of the study, scale descriptions, data tables, a description of the data sources, a description of the target sample, data collection procedures including the instruments that were used to collect the data, and SPSS syntax used to recode variables and create data tables.

The quantitative data collected for this survey are present in Appendix A, Parts 1 and 2. Part 1 contains tables of indicators broken out by Regional Support Network (RSN), while Part 2 contains tables of pertinent demographics. The File Information Document, present in Appendix B, includes the codebook for all of the variables (fields) that reside in the CFS2014 data file (CFS2014.SAV).

There are three ways to use the Tool Kit. The first is to use it as a reference and locate needed information on the printed tables in the Descriptive Statistics document. The "List of Tables and Figures" on page ix, and the "Scale Descriptions" presented in Table 3 can be used to locate needed information. This scale description table provides a brief description of each scale and its location in the Descriptive Statistics document.

Although the Descriptive Statistics tables in Appendix A contain the majority of information that will be needed from the CFCS, there are instances when additional analyses will need to be conducted using the raw data. Hence, a second way to use the Tool Kit is to have access to the SPSS (or SAS) data file (CFS2014.SAV) and conduct independent data runs. The File Information document in Appendix B, along with standard SPSS software components, provides adequate documentation for accessing information from the Child and Family Consumer Survey data file. All individual identifying information has been removed from the data set to comply with issues of confidentiality. Conducting independent runs from the data file requires that your agency have the necessary software and expertise. References to necessary information can be obtained from the Tool Kit.

The purpose of this Tool Kit is to maximize its use among those working in the mental health field in Washington State. For the current survey year, 890 youth consumers and primary caregivers of child consumers were interviewed; all had received at least one of hour of service from one of Washington State's mental health providers during a six month period, May through October, 2013. These survey data provide information about this state's mental health consumer population. It is the authors' hope that this Tool Kit helps those working in the field, in that they might access and use this information.

Changes reported in each of the annual "Updates" below, also apply to the years that follow.

Annual Updates

2014 Update

This year, the ProviderOne data system continued to work well, and we received contact data from DBHR with the sampling frame, which was very helpful in efficiently contacting our sampled respondents.

North Central Washington and Cowlitz County RSN have now been merged with other RSNs, as noted below in our 2013 update. As a result, this year's tables report the current 11 RSNs. In this toolkit, Spokane County RSN (SP) incorporates North Central Washington RSN (NC) from prior year's toolkits, and Southwest Washington Behavioral Health (CL) incorporates Cowlitz County RSN (CO).

2013 Update

The ProviderOne data system worked well this year. It was the first year since we have been doing the survey that we did not contact provider agencies or RSNs to obtain additional contact information for survey clients. The sample this year, as in previous years, was selected from consumers who had received at least one hour of service.

Beginning October 1, 2012 the number of RSNs was reduced from 13 to 11. North Central Washington RSN and Spokane County RSN were consolidated into a multi-county RSN known as Spokane County RSN. Clark, Cowlitz, and Skamania counties were combined to form one RSN called Southwest Washington Behavioral Health. This change had no appreciable impact on the reporting in this 2013 Child and Family Consumer Survey report.

2012 Update

Many of the problems encountered with the ProviderOne data system in 2011 were corrected in 2012. The sampling frame received from DBHR was more complete in 2012, resulting in a more complete picture of the served client population, better contact information, and higher completion rates.

The sample in 2012, as in previous years, was selected from consumers who had received at least one hour of service.

2011 Update

The 2011 survey year was met with difficulties and challenges that had not been issues in prior years. The major issue was establishing a complete sampling frame that contained all of the consumers who received publically funded mental health services within the identified time frame (April through October, 2010). The sampling frame is provided by DBHR via the Division of Behavioral Health and Recovery's Consumer Information System (See Section IV). In 2011, DBHR was in the process of changing to a new data system called "ProviderOne." The sampling frame database generated by the ProviderOne data system was markedly incomplete, not containing any clients at all for one RSN and drastically reduced numbers for three others. It was therefore necessary to go directly to four RSNs to

obtain client lists so that the sampling frame could be pieced together (by combining data from DBHR and data from the four RSNs). The distributions of key demographic indicators within the final sampling frame closely matched the distributions found in previous years, providing some evidence that the 2011 sampling frame represented the desired population. That said, because we had to piece this together from multiple sources, there is no way of knowing if this sampling frame is a true representation of the entire consumer population served within the identified time frame.

A second database was obtained from DBHR well after the sample had been drawn and the survey begun. This second database was more complete, as data from the RSNs had continued to be entered into it. While helpful, this second database did not reconcile well with data that we received directly from the four agencies; some clients in the DBHR database were not in the RSN database and vice versa. There were mismatches in agency identifiers as well, which negatively impacted our obtaining sampled consumer contact information from agencies (See Section IV).

Two other problems occurred. There was a much higher proportion of missing data for ethnicity in the ProviderOne database than we had encountered in previous years (See Section X). A second problem was that the reported service hours were much different than had occurred in previous years. We are not sure of the source of this problem and have elected to leave service hour reports out of this report, in order to avoid confusion.

2009-2010 Updates

Occasionally, changes are made in the sampling methodology, to the survey, or in the reporting of the data. In 2009, two items were added to the youth and family surveys regarding medical visits and medication use. A change was also made in sampling. In addition to drawing the regular 10% sample, the less populated RSNs were oversampled by an extra 10%. RSNs whose completed response sizes would likely be fewer than 30 respondents were oversampled. Six RSNs were oversampled for the Family Survey: CD, GH (GH received an extra 20% in 2009 and 10% in 2010), NC, PE, SW, and TI. Three RSNs were oversampled for the Adult Survey: CD, GH, and NC. In 2009, PE also received an additional oversample at the RSN's request. Due to budget restrictions, PE did not receive an additional oversample in 2010.

When analysis is done across the entire state sample, responses in the oversampled RSNs are usually provided with "weights" to adjust for any potential biases that may exist across RSNs. In this report however, only "unweighted" responses are reported. This is to avoid confusion and to reduce the number of necessary tables. Using weights changes the N sizes for each RSN, depending upon the specific oversample for that RSN. Hence, reporting weights would necessitate using separate tables when reporting RSN-only data versus statewide data. Not only would this require many more tables, it would be confusing to readers. We conducted several analyses on both the Adult and Family/Youth data and found *very little difference* between the unweighted and weighted data. Possible explanations for this include the small number of weighted RSNs and the fact that there is

little difference between consumers across RSNs. Therefore, our decision was to report only unweighted data. Weighted data are available upon request.

The 2009 sample, as in previous years, was selected from consumers who had received at least one hour of service.

2008 Update

In 2008, tables were added in Section X, Sample Representativeness, to show comparison data between non-respondents and respondents within the drawn sample (Tables 4-5) and the breakdown of sample characteristics by RSN (Tables 6-9).

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Acknowledgments

The staff on this project would like to express their sincere gratitude to the interviewers who spent numerous hours attempting to contact potential respondents. About a third of the interviewers were self-identified as consumers. With extraordinary diligence, the interviewers made over 26,000 phone calls in order to collect the information for this report — data that we hope will serve to improve the delivery of mental health services in Washington State.

The survey staff also would like to thank Felix Rodriguez and Faith Lai at the Division of Behavioral Health and Recovery.

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I. Introduction

The Mental Health Statistical Improvement Project (MHSIP) consumer survey was developed and proposed as one of several Instruments to measure the domains, concerns and indicators of the MHSIP Consumer-Oriented Report Card, which was developed by a task force of consumers, family members, researchers, and federal, state, and local mental health agency representatives in April, 1996. The consumer survey was specifically designed to measure concerns that were important to consumers in the areas of Access, Quality/Appropriateness, Outcomes, Overall Satisfaction and Participation in Treatment Planning.

The MHSIP survey has been developed across the states through various federal grant initiatives, including the Five-State and Sixteen-State Performance Indicator studies sponsored by SAMHSA's Center for Mental Health Services (CMHS). These initiatives have attempted to construct a more uniform and standardized methodology and format for reporting of performance measures across the states. This has led to the development of the Data Infrastructure Grant and Uniform Reporting System (URS) tables.

Since 2007, the MHSIP survey has also included the National Outcome Measures (NOMs) that are integral to the mission of SAMHSA. Because of the importance of these measures, The National Association of State Mental Health Program Directors Research Institute (NRI) has been working with states and territories to assure that the methodology used to collect survey data reflects best practices with regard to survey research.

The MHSIP Consumer Survey is now being implemented in 55 states/territories for the adult survey and 54 states/territories for youth surveys. States use similar instruments but vary widely in their sampling techniques and survey methods. In particular, many states still collect MHSIP data through convenience sampling, rather than by using random sampling techniques. Convenience sampling limits generalizability of results because survey respondents may not represent the consumer population. Washington State is one of the few states that have always used stratified random sampling for both the adult and family/youth surveys.¹

The Child and Family Consumer Survey – 2014 is a statewide survey designed to examine quality issues related to Washington State's delivery of publicly-funded mental health services. The Centers for Medicare and Medicaid Services (CMS) currently requires each state's Mental Health Authority to obtain and analyze outcomes as part of the empirical evidence needed to demonstrate that the Prepaid Health Plans (PHPs) are delivering a coordinated system of inpatient and outpatient care for that state's younger consumers of

¹For a detailed history of MHSIP see Sampling And The MHSIP Consumer Surveys: Techniques, Models, Issues. Smith and Ganju, 2008; LuttermanT, GanjuV, SchachtL, ShawR, MonihanK, et.al. Sixteen State Study on Mental Health Performance Measures. DHHSPublicationNo.(SMA)03-3835. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2003

mental health services. In Washington State, the State Mental Health Authority resides in the Division of Behavioral Health and Recovery (DBHR) of the Department of Social and Health Services (DSHS).

The 2014 Youth and Family Survey (the tenth family survey) was administered simultaneously with the 2014 ACS (the eleventh adult survey) and represents the eighteenth and nineteenth surveys conducted to address CMS requirements. All nineteen surveys were designed to obtain individual information from persons receiving services from the publicly funded mental health system. The first was the Statewide Sample Based Outcome Survey (SbOS), conducted from January 1998 through January 1999. The SbOS consisted of face-to-face interviews with individuals drawn from the Mental Health Division service rolls (MHD-CIS database); that survey obtained concurrent information from case managers about the functioning status of the identified persons.

The second study conducted to meet this federal requirement was the Children with Special Needs Survey 2001 (CSNS), which collected data from March through May 2001. The CSNS consisted of telephone interviews with 1,046 consumers between the ages of 13 and 20 years, and with the primary caregivers of children under 13 years of age. This sample included youth that received mental health services from April 2000 through September 2000 and were classified as children with special needs.

Since 2001, the methodologies used to identify the sample and the methods of administering the survey have been very similar. Table 1 shows what kind of survey (adult or family/child), the service dates of consumers surveyed, date of each survey, and number of completed surveys.

Table 1. History of Consumer Surveys

Survey	Survey Year	Service Dates	Survey Date Range	Completions
Adult Consumer Survey	2002	May – Oct 2001	Feb – Jun 2002	2,241
	2004	Jun – Nov 2003	Apr – Jun 2004	1,932
	2006	Jun – Nov 2005	Mar – Jun 2006	1,448
	2007	Aug 2006 – Jan 2007	May – Aug 2007	1,500
	2008	Jul – Dec 2007	Apr – Jul 2008	1,404
	2009	Apr – Sep 2008	Mar – May 2009	1,565
	2010	Jan – Jun 2009	Mar – May 2010	1,413
	2011	Apr – Sep 2010	Feb – Apr 2011	1,322
	2012	May – Oct 2011	Mar – Jun 2012	1,433
	2013	May – Oct 2012	Feb – May 2013	1,334
	2014	May – Oct 2013	Feb – May 2014	1,225
Youth & Family Consumer Survey	2002	Nov 2001 – Apr 2002	Aug – Sep 2002	1,314
	2005	June – Nov 2004	Mar – Jun 2005	1,086
	2007	Aug 2006 – Jan 2007	May – Aug 2007	908
	2008	Jul – Dec 2007	Apr – Jul 2008	859
	2009	Apr – Sep 2008	Mar – May 2009	882
	2010	Jan – Jun 2009	Mar – May 2010	888
	2011	Apr – Oct 2010	Feb – Apr 2011	514
	2012	May – Oct 2011	Mar – Jun 2012	1,038
	2013	May – Oct 2012	Feb – May 2013	924
	2014	May – Oct 2013	Feb – May 2014	890

The current and tenth Children's Survey 2014 (19th MHSIP overall) was conducted from February 15 through May 15, 2014. During the twelve week period, 890 consumers between the ages of 13 and under 21 years old, and primary caregivers of children less than 13 years old, completed the survey. These consumers had received at least one hour of outpatient services, during May through October 2013, from the publicly funded mental health system.

II. The Survey and Methodology

Most items chosen for the survey instruments are recommended by MHSIP (Mental Health Statistics Improvement Project). There are 31 MHSIP items that inquire about the respondent's perceptions of:

- general satisfaction with services,
- voice in service delivery,
- satisfaction with staff,
- perception of outcome of services,
- access to services,
- staff sensitivity to culture,
- social connectedness, and
- functioning.

Social connectedness (see the Mail Survey, items 33-36, Appendix E) and functioning (see the Mail Survey, item 29-32, Appendix E), were added in the 2007 survey year and did not appear in earlier surveys. The MHSIP survey items correspond to the information needed for Washington State's Performance Indicator Project. Those items also satisfy other federal reporting requirements, including Federal Block and Data Infrastructure Grants.

In addition to the satisfaction domains listed above, the survey also asked questions related to criminal justice involvement, school attendance, and a five-item mental illness stigma scale for the youth consumers only (See items 32-36 in Appendix E). The stigma scale assesses the respondents' perceived discrimination based upon their mental illness (Ritsher, Otilingam, & Grajales, 2003)². This stigma scale was not included in the family survey as personal perceptions about stigmatization could not be collected via the parent/guardian.

Demographic questions are also included, to collect information on school enrollment, living situation, arrest history, age, race, gender, and whether the consumer has been to a medical doctor recently or is currently receiving Medicaid health insurance. Finally, respondents are asked three open-ended questions about what they liked most and least about the services that they or their children had received. These items provide an opportunity for respondents to comment on their received services or on the survey itself.

² Ritsher, J. B., Otilingam, P.G., & Grajales, M. (2003). Internalized stigma of mental illness: Psychometric properties of a new measure. *Psychiatry Research*, 121, 31-49.

Letters and Scripts

Several letters and scripts were used during the course of the survey. These included:

- (1) A Request for Participation letter to sampled consumers, informing them of the survey. This letter was printed in both English and Spanish and provided an opportunity for passive consent, verified respondents' phone numbers, and asked them to call a toll-free number to update their contact information or to decline participation (Appendix D);
- (2) A Pledge of Confidentiality, Statement of Professional Ethics, and DSHS Non-Disclosure Agreement. Project staff and interviewers reviewed and signed these materials prior to surveying (Appendix D);
- (3) Scripts for the telephone interviews, including an introductory script, an answering machine script and a survey script (Appendix E); and
- (4) Mail surveys (Appendix E) and Mail Survey Reminder Letters (Appendix D). Occasionally consumers were unable or unwilling to conduct telephone interviews and requested that a survey be mailed to them.

III. The Sample

The Target Sample

The sample was drawn from the Division of Behavioral Health and Recovery's ProviderOne database immediately prior to beginning the survey. The ProviderOne database is a data repository that tracks all of the services delivered by outpatient community providers and reported by the RSNs. The sample targeted individuals who were younger than 21 years of age who received mental health services between May 1 and October 31, 2013.

To draw the sample, the following steps were conducted:

- (1) A total of 26,225 consumers met the study inclusion criteria for age and service. This group is referred to as the "sampling frame."
- (2) Each RSN population was stratified into age groups (under 13 and 13 through 20 years of age), and minority status (minority; non-minority); this stratification was done to ensure proportionate representation of these characteristics in the finished sample.
- (3) Once stratified into proportionate groups, a 10% random sample was drawn from each group to produce a "probability proportionate to size (pps)" stratified random sample of mental health consumers. This sample is referred to as the "drawn sample."

- (4) This sampling procedure resulted in a total statewide sample of 2,623 individuals for the 10% sample.
- (5) In a pps sample, there is a wide disparity between sample sizes from larger and smaller RSNs. Ultimately, the sample sizes drawn from the smaller RSNs are initially too small to obtain usable results. To remedy this, “oversamples” are drawn from the 6 smallest RSNs, which increases their sample sizes (CD, GH, PE, SP, TI & TM). Estimates of the number of oversamples needed were based upon obtaining at least 40 completions in each of the smallest RSNs. An additional 968 consumers were oversampled from these six RSNs, resulting in an overall drawn sample of 3,591 consumers.

The Completed Sample

Of the 3,591 consumers in the total drawn sample, 890 completed the survey and 2,701 did not — yielding a 24.8% completion rate.

Caution should be taken when comparing this completion rate with those reported by other surveys. We report the most conservative rate and include the entirety of the drawn sample in the denominator (completions/total drawn sample); many surveys inflate their response rate by removing subpopulations (deemed “ineligible”) from the drawn sample and thus reducing the denominator. Comparisons to other reported response rates can be calculated with reference to the complete dispositions reported in Appendix F.

IV. Obtaining Contact Information

Contact information was obtained directly from DBHR. These data were provided to WIMHRT for the sole purpose of contacting clients for the survey. Once the survey was completed, contact data were separated from the response data to ensure confidentiality and anonymity.

Other contact information came from consumers themselves. They had received a letter prior to the study, informing them that they had been chosen to participate in a study and that researchers would be attempting to contact them (see the “Request for Participation Letter” in Appendix D). Consumers were asked to confirm the telephone number printed on the letter and to call the WIMHRT toll-free number if the contact information was incorrect or to arrange a time for an interview. When a consumer called the toll-free number, their information (ID#, telephone number, and availability) was recorded and an interviewer returned the consumer’s call to schedule or complete an interview.

V. Computer Assisted Telephone Interview (CATI) Surveying

The primary data collection was conducted via a telephone survey (see Section II above, “The Survey and Methodology”). The Washington Institute manages a ten-station Computer Assisted Telephone Interview (CATI) system, which was also used to collect data in the previously cited consumer surveys. The interviewer team for the CFCS14 was comprised of 19 temporary, part-time employees. The team included both experienced interviewers, who had worked for WIMHRT on previous surveys, as well as new employees.

Many of the CATI interviewers are currently, or have been in the past, consumers of publicly funded mental health services. Consumer-interviewers in particular, demonstrate sensitivity to the needs and perspectives of the respondents and understand the necessity for client confidentiality and data integrity. Overall, hiring mental health consumers to collect data in telephone surveys has proven to be a rewarding and successful practice.

Prior to the survey period, all interviewers received six to eight hours of training, in two sessions. Interviewer training focused on the process of interviewing clients by phone, as well as discussion of the schedule and goals of the study. Confidentiality protocols and procedures were covered, and a confidentiality agreement was signed by each interviewer. Additional training for first-time interviewers was conducted or arranged as necessary on a one-to-one basis by the Study Coordinators. All interviewers completed online certification in HIPPA protocols for researchers.

Following the training periods, supervisors provided daily oversight of interviewer productivity and performed on-the-spot training as context specific issues arose (i.e., disposition assignment, how many messages to leave at a number, how to handle inquiries about the study, etc.) or as interviewers raised concerns that warranted ad-hoc training. Two Spanish, and one Russian, bilingual interviewers were available during the course of the study.

If requested, a mail survey package was mailed to the respondent. The package included one consumer survey and one preaddressed, stamped, return envelope. Respondents who did not respond within two weeks of the first mailing date were sent a reminder package. This second package consisted of one consumer survey, a reminder letter, and one preaddressed, stamped, return envelope. Mail surveys were mainly used for special accommodations and individual requests. For example, mail surveys were requested by some individuals who encountered telephone restrictions, like fear of talking on the phone, lack of cellular minutes, difficulty hearing, lack of availability during survey hours, etc..

VI. Disposition of Sample

The sampling procedures described in Section III yielded a total of 3,591 persons. Table 2, below provides information on the disposition of each potential participant in the drawn sample. A breakdown of this table by RSN can be found in Appendix F.

Table 2. Disposition of Sample

	%	N
C Incorrect Number	31.0	1,114
F Language Barrier	0.6	21
C Unavailable	1.4	50
S Refusals	8.8	316
2 Completions	24.7	890
0 No Mental Health Services	1.1	40
1 Deceased	0.0	1
4 No Answer	28.3	1,019
Other	4.1	140
Total	100.0	3,591

† The disposition categories were coded to match those of the adult consumer survey.

†† “Incorrect Numbers” includes disconnected telephone numbers, wrong numbers; in all of these cases, updated contact information was unavailable.

††† “Others” includes those who claimed they had already responded to the survey; those who requested a callback, but interviewers were unable to contact after numerous subsequent attempts; those who requested a survey via mail, but never returned the survey and those who completed fewer than two survey items.

Correct contact information could *not* be obtained for 1,114 clients or 31.3% of the sample despite using multiple sources of contact data. Nearly as many clients, 1,019 or 28.3% of the sample, never answered our calls, and it is likely that correct contact information was also unavailable for them. The majority of the 50(1.4%) potential respondents with the disposition of “Unavailable” were those incapable of participating due to mental or physical disabilities or other conditions that would make it overly taxing or impossible to complete a survey. Other reasons for being unavailable include hospitalization or incarceration, or being out of town for the duration of the survey. There were 21 potential participants who were unable to participate due to language barriers, although 132 interviews (15%) were conducted in Spanish.

Only 8.8% of the drawn sample refused to participate in the survey. For information on the process used by the researchers to locate contact data for the persons randomly chosen to participate in this survey, see Section IV above.

VII. The Dataset

The dataset for the CFS2014 is in SPSS (Statistical Package for the Social Sciences) format. A data dictionary for the data set appears in the File Information Document present in Appendix B. The variable (field) names, variable labels, and value labels appear in the File Information Document the same as they appear in the file “CFCS2014.SAV.” The variable names and labels are self-explanatory, identifying demographics, services, etc. Other variable names are the same as the corresponding question numbers on the instruments. To ensure that higher levels of satisfaction are indicated by higher values, the directionality of the variables was recoded. Refer to the Telephone Survey document in Appendix E for the original directionality of variables.

VIII. Open-Ended Questions

Three questions in the MHSIP survey provide respondents the opportunity to offer feedback on topics of their choosing. These questions are: (i) “What two things do you like the *most* about the mental health services you received?”; (ii) “What two things do you like the *least* about the mental health services you received?”; and (iii) “Do you have some comments you would like to make about any of the questions or about services that you have received or that were not covered by the survey?”

The responses to open-ended questions were entered (typed) by interviewers as the respondents answered, and were read back to the respondents by the interviewers, in order to ensure accuracy.

These open-ended responses were coded by survey staff into a specific category or categories. Responses were assigned one or more of the following categories:

(i) Services; (ii) Support; (iii) Group Therapy; (iv) Medications; (v) Access, related to time, convenience, or cost; (vi) Office or General Staff; (vii) Therapy or Case Management Staff; (viii) Environment; (ix) Medical Staff; (x) Stigma, Bias, Discrimination, Fairness, or Respect; (xi) Access, related to place, distance, or transportation; and (xii) Communication.

Categorized open-ended data are summarized in Appendix G.

IX. Scale Descriptions

This section describes how the individual survey items are combined into scales to measure the eight performance indicators of interest:

(i) consumer general satisfaction with services, (ii) consumer perception of appropriateness/quality of services, (iii) consumer perception of participation in treatment goals, (iv) consumer perception of outcomes of services, (v) consumer perception of access to services (vi) NOMS functioning, (vii) NOMS Social Connectedness and (viii) stigma.

Variable names in the dataset and data descriptions for key demographic and special needs categories are also presented.

To construct scales, items from the survey instruments were combined to form constructs that measure the indicators of interest. Specific items measuring each construct were taken from the 16-state MHSIP study and modified to fit with ongoing performance indicator projects at the DSHS Mental Health Division. Functioning and social connectedness scales were also created as part of SAMHSA's National Outcome Measures (NOMS). These constructs were then tested for reliability with this population. The reliability of the scales was tested using Cronbach's Alpha, a common measure of internal consistency for scaled items. Alphas of .70 or higher are considered to be a reliable scale.

Both the stigma and social connectedness scales are reported on as well. The functioning scale consisted of one item and thus, reliability tests were not conducted on this item. Variable names in the dataset and data descriptions for key demographic and special needs categories are also presented.

Table 3 shows the scales, the items that make up each scale, and the Cronbach's Alpha associated with each scale. The alphas associated with each scale are mostly moderate to high. The Access to Service scale is low (.57) because it is comprised of only two items, and the Voice in Service Delivery is slightly under .70 (.69) because it is a three-item scale. Nonetheless, these scales are retained in the analysis.

Table 3. Scales^a**General Satisfaction (p. A-13) Alpha =0.91**

- Q1. Overall, I am satisfied with the services I received.
- Q8. While receiving mental health services, the services I received were right for me.
- Q11. If I need services in the future, I would use these services again.
- Q12. While receiving mental health services, I got the help I wanted.
- Q13. While receiving mental health services, I got as much help as I needed.

Voice in Service Delivery (i.e., Participation in Treatment) (p. A-13) Alpha =0.69

- Q2. While receiving mental health services, I helped to choose my services.
- Q3. While receiving mental health services, I helped to choose my treatment goals.
- Q7. While receiving mental health services, I was actively involved in my treatment.

Satisfaction with Staff (p. A-14) Alpha =0.85

- Q4. While receiving mental health services, the people helping me stuck with me no matter what.
- Q5. While receiving mental health services, I felt I had someone to talk to when I was troubled.
- Q6. While receiving mental health services, the people helping me listened to what I had to say.
- Q15. While receiving mental health services, staff treated me with respect.
- Q18. While receiving mental health services, staff spoke with me in a way that I understood.

Perception of Outcome of Services (p. A-14) Alpha =0.91

- Q21. As a result of the services I received, I am better at handling daily life.
- Q22. As a result of the services I received, I get along better with family members.
- Q23. As a result of the services I received, I get along better with friends and other people.
- Q24. As a result of the services I received, I am doing better in school and/or work.
- Q25. As a result of the services I received, I am better able to cope when things go wrong.
- Q26. As a result of the services I received, I am satisfied with my family life right now.

^aThe items in this table are verbatim from the “youth” version of the survey – used when speaking directly to consumers. The items appear differently in the alternate “family” version of the survey – used when speaking to the primary caregiver for consumers under the age of 13. Items in the family version differ slightly in their wording; for example, any references to “I” or “me” are replaced with “my child.” See Appendix D for both versions of the instrument. The item numbers above correspond with survey and not as labeled in the dataset.

Access to Services (p. A-15)**Alpha =0.57**

- Q9. While receiving mental health services, the location of services was convenient for me.
- Q10. While receiving mental health services, services were available at times that were convenient for me.

Cultural Sensitivity of Staff (p. A-15)**Alpha =0.83**

- Q15. While receiving mental health services, staff treated me with respect.
- Q17. While receiving mental health services, staff respected my family's religious/spiritual beliefs.
- Q18. While receiving mental health services, staff spoke with me in a way that I understood.
- Q19. While receiving mental health services, staff was sensitive to my cultural/ethnic background.

Appropriateness of Services (p. A-16)**Alpha =0.92**

- Q1. Overall, I am satisfied with the services I received.
- Q4. While receiving mental health services, the people helping me stuck with me no matter what.
- Q5. While receiving mental health services, I felt I had someone to talk to when I was troubled.
- Q8. While receiving mental health services, I received services that were right for me.
- Q12. While receiving mental health services, I got the help I wanted.
- Q13. While receiving mental health services, I got as much help as I needed.

Functioning (NOMS) (p. A-17)**Alpha =NA**

- Q27. I am better able to do things that I want to do.

Social Connectedness (NOMS) (p. A-17)**Alpha =0.81**

- Q28. I know people who will listen and understand me when I need to talk.
- Q29. I have people that I am comfortable talking with about my child's problems.
- Q30. In a crisis, I would have the support I need from family or friends.
- Q31. I have people with whom I can do enjoyable things.

Stigma (p. A-16)**Alpha =0.82**

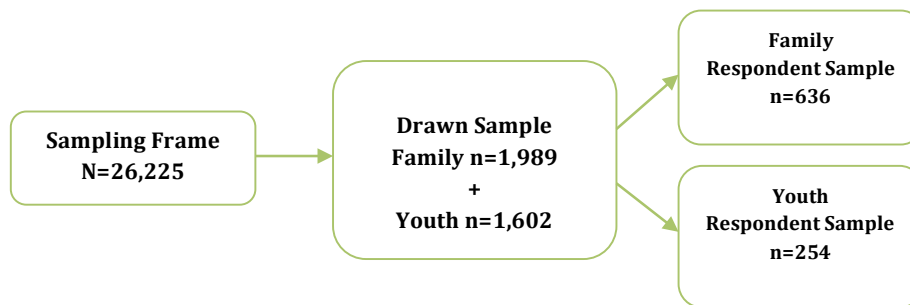
- Q32. People discriminate against me because I have a mental illness.
- Q33. Others think I can't achieve much in life because I have a mental illness.
- Q34. People ignore me or take me less seriously just because I have a mental illness.
- Q35. People often patronize me, or treat me like a child, just because I have a mental illness.
- Q36. Nobody would be interested in getting close to me because I have a mental illness.

X. Sample Representativeness

To assess the representativeness of the completed sample, a comparison was made between the completed sample, the “drawn” sample, and the “sampling frame”, from which the sample was drawn.³ Thus we have three distinct groups:

(i) the sampling frame from which the sample was drawn; (ii) the drawn sample that includes the oversample; and (iii) the respondent sample that includes those consumers who were actually interviewed, including the oversample.

Figure 1. Sample Breakdown from Sampling Frame to Respondent Sample



Tables 4 and 5 show average service hours received and three key demographic variables (age, gender, and minority status). These variables are presented for the sampling frame, the total drawn sample (10% sample + oversample), and the total respondent sample. Due to missing values, totals for each variable do not necessarily equal the total numbers for each group. In addition, family and youth responses have been separated for comparison between the drawn and respondent samples.

The fit between the sampling frame and the randomly chosen drawn sample is good, as would be expected from a random sampling procedure. However, there are a few differences worth mentioning between the respondent, and sample frame/drawn samples. The respondent sample is, on average, very slightly younger than the drawn sample and there is a very small difference in services hours, with the respondent sample of youth having a slightly higher average than the drawn sample. These differences are small, and interestingly, are smaller than last year’s differences in age and service hours.

Table 5 shows females to be over-represented in the drawn samples, compared to the sampling frame, and then further over-represented in the Youth respondent sample, compared to the drawn sample. Comparing the respondent samples to the drawn samples, African-Americans are over-represented in the Family respondent sample, but under-represented in the Youth respondent sample. In 2013, Caucasians were under-represented in both the Family and Youth respondent samples, but this year they are over-represented.

³ The sample frame is the actual list of the population being studied, which in this case is taken from the Division’s ProviderOne Database. There is likely to be some disparity between this list (sample frame) and the *true* population. The degree of disparity is subject to the quality of the ProviderOne.

Hispanics are over-represented in the Youth respondent sample, and Native American respondents are over-represented in both respondent sample groups. When evaluating minority status overall however, minority respondents are slightly under-represented in both the Family and Youth respondent samples.

Differences here likely indicate some expected bias in obtaining interviews. For instance, in telephone-based surveys, younger teens may be more willing to participate, hence the slightly younger age of the respondent sample. In addition, accurate contact information seemed to be more available for people who sought more services than those who do not utilize as many services. For example, consumers who were contacted did have a slightly higher average number of service hours than those not contacted at all.

The over-representation of Hispanics in the Youth respondent sample is likely a result of the availability of Spanish speaking interviewers, which encourages participation from Spanish speaking respondents. The under-representation of African Americans in the respondent sample is unexplained, but it is likely that many of these respondents use prepaid cellular telephones and that we could not obtain accurate contact information or that they could not afford to use their minutes to participate in the survey. Although these biases are important to note, the random survey design renders them negligible and they will likely not affect survey results.

In 2009, Tables 6-9 were added to show the breakdown of sample characteristics by RSN. Table 6 displays the average age and service hours by sample group and RSN. Tables 7-9 display percentages of gender, ethnicity, and minority status by RSN within the sample frame, drawn sample, and respondent sample. The data reported in these tables were provided by the DBHR-CIS database or self-reported by consumers.

Table 4. Age and Service Hours by Sample Group

		Age at last Service		Service Hours
		Mean	Mean	N
Sampling Frame		12.04	9.47	26,225
Drawn Sample	Family	8.24	9.96	1,988
	Youth	15.60	9.15	1,602
Respondent Sample	Family	8.17	9.61	631
	Youth	15.39	9.48	250

Note: *Service hours and age were based on DBHR-CIS data from May-October 2014; however, in the Respondent Sample, age was self-reported in most cases.

Table 5. Gender, Ethnicity, and Minority Status by Sample Group

			Sampling Frame	Drawn			Respondent		
				Family	Youth	Combined	Family	Youth	Combined
Gender	Female	N	12,071	803	927	1,730	246	151	397
		%	46.0	40.4	57.9	48.2	38.7	59.4	44.6
	Male	N	14,151	1,186	675	1,861	390	103	493
		%	54.0	59.6	42.1	51.8	61.3	40.6	55.4
	Total N		26,222	1,989	1,602	3,591	636	254	890
C F C S 2 0 1 4	African American	N	1,701	120	92	212	47	11	58
		%	7.0	6.4	6.1	6.3	7.4	4.3	6.5
	Asian Pacific Islander	N	527	38	29	67	13	3	16
		%	2.2	2.0	1.9	2.0	2.0	1.2	1.8
	Caucasian	N	13,041	1,055	879	1,934	370	151	521
		%	53.6	55.9	58.5	57.1	58.2	59.4	58.5
	Hispanic	N	6,837	519	373	892	171	74	245
		%	28.1	27.5	24.8	26.3	26.9	29.1	27.5
	Native American	N	568	54	44	98	23	10	33
		%	2.3	2.9	2.9	2.9	3.6	3.9	3.7
	Other	N	1,642	102	85	187	12	5	17
		%	6.8	5.4	5.7	5.5	1.9	2.0	1.9
	Total N		24,316	1,888	1,502	3,390	636	254	890
	Minority	N	11,276	834	623	1,457	267	103	370
		%	46.4	44.2	41.5	43.0	42.0	40.6	41.6
Minority	Not Minority	N	13,040	1,054	879	1,933	369	151	520
		%	53.6	55.8	58.5	57.0	58.0	59.4	58.4
	Total N		24,316	1,888	1,502	3,390	636	254	890

Table 6. Age and Service Hours by Sample Group and RSN

			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI		
C F C S 2 0 1 4	Sampling Frame	Age	Mean	12.00	11.83	11.79	12.44	12.55	12.03	12.17	12.04	12.07	11.15	12.44	
			N	2,558	6,172	3,303	3,406	1,331	1,081	3,276	542	3,459	665	422	
		Service Hours	Mean	19.42	7.55	9.71	5.65	12.71	6.32	10.59	6.51	8.56	8.38	8.27	
			N	2,558	6,172	3,303	3,406	1,331	1,081	3,276	542	3,459	665	422	
	Drawn Sample	Family	Age	Mean	8.61	8.29	8.20	7.98	8.34	7.63	8.56	8.55	8.32	7.76	8.38
				N	187	368	197	182	149	164	178	128	180	152	103
		Service Hours	Mean	21.28	8.93	9.71	6.63	15.71	5.06	10.77	6.26	8.44	8.77	6.58	
			N	187	368	197	182	149	164	178	128	180	152	103	
Respondent Sample	Youth	Age	Mean	15.37	15.82	15.74	15.81	15.53	15.60	15.65	15.31	15.50	15.54	15.47	
			N	148	249	150	165	150	120	166	98	166	91	99	
		Service Hours	Mean	19.62	6.67	7.99	4.60	10.61	9.13	11.88	6.54	9.92	5.10	7.30	
			N	148	249	150	165	150	120	166	98	166	91	99	
	Family	Age	Mean	8.22	8.10	8.06	8.19	8.12	8.16	8.64	8.53	8.32	7.40	8.38	
			N	63	119	63	47	58	37	58	40	63	55	29	
		Service Hours	Mean	16.31	9.06	10.61	4.50	7.14	5.46	13.20	7.68	10.93	9.65	6.20	
			N	63	119	63	47	58	37	58	40	63	55	29	

Note: *Service hours and age were based on DBHR-CIS data from May-October 2014. However, in the respondent sample, age was self-reported and when not reported, DBHR-CIS age data were used.

Table 7. Sample Frame: Gender, Ethnicity, and Minority Status by RSN

			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	
C F C S 2 0 1 4	Gender	Female	N	1,070	2,807	1,650	1,492	604	499	1,570	256	1,610	311	199
			%	41.8	45.5	50.0	43.8	45.4	46.2	47.9	47.2	46.5	46.8	47.2
		Male	N	1,488	3,365	1,653	1,913	727	582	1,706	286	1,849	354	223
			%	58.2	54.5	50.0	56.2	54.6	53.8	52.1	52.8	53.5	53.2	52.8
		Total N		2,558	6,172	3,303	3,405	1,331	1,081	3,276	542	3,459	665	422
		Ethnicity	African American	N	88	874	87	70	36	30	406	4	91	6
	%			4.8	14.6	3.0	2.1	2.9	2.8	13.4	0.8	2.8	0.9	2.0
	Asian Pacific Islander		N	22	309	60	15	13	8	64	1	30	2	3
			%	1.2	5.2	2.1	0.4	1.0	0.7	2.1	0.2	0.9	0.3	0.7
	Caucasian		N	1,176	2,205	1,810	1,611	870	732	1,546	385	2,157	256	287
			%	63.5	36.8	63.0	48.3	69.0	68.2	50.9	72.4	65.6	39.4	71.2
	Hispanic		N	464	1,992	646	1,535	172	168	663	92	666	365	73
			%	25.1	33.2	22.5	46.0	13.7	15.7	21.8	17.3	20.3	56.2	18.1
	Native American		N	89	97	92	83	40	23	65	13	45	9	12
			%	4.8	1.6	3.2	2.5	3.2	2.1	2.1	2.4	1.4	1.4	3.0
	Other		N	12	521	180	24	129	112	296	37	299	12	20
			%	0.6	8.7	6.3	0.7	10.2	10.4	9.7	7.0	9.1	1.8	5.0
	Total N		1,851	5,998	2,875	3,338	1,260	1,073	3,040	532	3,288	650	403	
	Minority	Minority	N	675	3,793	1,065	1,727	390	341	1,495	147	1,131	394	116
			%	36.5	63.2	37.0	51.7	31.0	31.8	49.2	27.6	34.4	60.6	28.8
		Not Minority	N	1,176	2,205	1,810	1,611	870	732	1,545	385	2,157	256	287
			%	63.5	36.8	63.0	48.3	69.0	68.2	50.8	72.4	65.6	39.4	71.2
		Total N		1,851	5,998	2,875	3,338	1,260	1,073	3,040	532	3,288	650	403

Table 8. Drawn Sample: Gender, Ethnicity, and Minority Status by RSN

			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	
C F C S 2 0 1 4	Gender	Female	N	143	299	175	158	137	134	172	106	191	126	89
			%	42.7	48.5	50.4	45.5	45.8	47.2	50.0	46.9	55.2	51.9	44.1
		Male	N	192	318	172	189	162	150	172	120	155	117	113
			%	57.3	51.5	49.6	54.5	54.2	52.8	50.0	53.1	44.8	48.1	55.9
		Total N		335	617	347	347	299	284	344	226	346	243	202
	Ethnicity	African American	N	10	107	13	9	8	10	35	2	13	0	5
			%	3.8	17.8	4.2	2.6	2.8	3.5	10.9	0.9	3.9	0.0	2.6
		Asian Pacific Islander	N	0	34	6	2	3	2	10	1	6	1	2
			%	0.0	5.7	1.9	0.6	1.1	0.7	3.1	0.4	1.8	0.4	1.0
		Caucasian	N	168	221	197	163	199	194	165	164	226	95	141
			%	63.9	36.8	63.3	47.9	70.1	68.6	51.6	73.2	68.3	40.1	72.3
		Hispanic	N	70	195	69	154	38	38	71	35	58	136	28
			%	26.6	32.4	22.2	45.3	13.4	13.4	22.2	15.6	17.5	57.4	14.4
		Native American	N	14	9	16	9	12	8	11	7	3	3	6
			%	5.3	1.5	5.1	2.6	4.2	2.8	3.4	3.1	0.9	1.3	3.1
		Other	N	1	35	10	3	24	31	28	15	25	2	13
			%	0.4	5.8	3.2	0.9	8.5	11.0	8.8	6.7	7.6	0.8	6.7
		Total N		263	601	311	340	284	283	320	224	331	237	195
	Minority	Minority	N	95	380	114	177	85	89	156	60	105	142	54
			%	36.1	63.2	36.7	52.1	29.9	31.4	48.8	26.8	31.7	59.9	27.7
		Not Minority	N	168	221	197	163	199	194	164	164	226	95	141
			%	63.9	36.8	63.3	47.9	70.1	68.6	51.2	73.2	68.3	40.1	72.3
		Total N		263	601	311	340	284	283	320	224	331	237	195

Table 9. Respondent Sample: Gender, Ethnicity, and Minority Status by RSN

			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	
Gender	Female	N	32	70	48	29	26	24	34	29	45	35	22	
		%	34.8	45.2	53.3	42.6	34.7	46.2	42.0	47.5	50.6	48.6	46.8	
	Male	N	60	85	42	39	49	28	47	32	44	37	25	
		%	65.2	54.8	46.7	57.4	65.3	53.8	58.0	52.5	49.4	51.4	53.2	
	Total N		92	155	90	68	75	52	81	61	89	72	47	
C F C S 2 0 1 4	Ethnicity	African American	N	2	21	4	3	4	2	13	1	5	0	2
			%	2.2	13.5	4.4	4.4	5.3	3.8	16.0	1.6	5.6	0.0	4.3
		Asian Pacific Islander	N	0	8	1	0	1	0	2	1	3	0	0
			%	0.0	5.2	1.1	0.0	1.3	0.0	2.5	1.6	3.4	0.0	0.0
		Caucasian	N	62	56	58	24	54	41	40	51	67	24	38
			%	67.4	36.1	64.4	35.3	72.0	78.8	49.4	83.6	75.3	33.3	80.9
		Hispanic	N	25	62	18	37	10	3	18	6	14	46	5
			%	27.2	40.0	20.0	54.4	13.3	5.8	22.2	9.8	15.7	63.9	10.6
		Native American	N	3	3	5	3	4	4	5	2	0	2	2
			%	3.3	1.9	5.6	4.4	5.3	7.7	6.2	3.3	0.0	2.8	4.3
		Other	N	0	5	4	1	2	2	3	0	0	0	0
			%	0.0	3.2	4.4	1.5	2.7	3.8	3.7	0.0	0.0	0.0	0.0
		Total N		92	155	90	68	75	52	81	61	89	72	47
	Minority	Minority	N	30	99	32	44	21	11	42	10	22	48	9
%			32.6	63.9	35.6	64.7	28.0	21.2	51.9	16.4	24.7	66.7	19.1	
Not Minority		N	62	56	58	24	54	41	39	51	67	24	38	
		%	67.4	36.1	64.4	35.3	72.0	78.8	48.1	83.6	75.3	33.3	80.9	
Total N		92	155	90	68	75	52	81	61	89	72	47		

APPENDIX A

Descriptive Statistics, Survey Respondents

How to Read the Tables

Most tables show “percentage distributions” of consumer self-reported data, with the percentages totaling down columns. The Total indicates the total number of respondents who provided data for the indicator; percentages represent portions of the total respondents for which data were available.

For Satisfaction Scales, higher numbers are indicative of greater levels of satisfaction, 1 being equal to Very Dissatisfied and 5 being equal to Very Satisfied. Mean scores represent the average scale score for all respondents within the indicator, such as RSN or Gender. For scale construction details see Table 4 on page 9.

NOTE: Table runs were done using weighted data (using corrections for the oversamples) and unweighted data (not using corrections for the oversamples). There was little difference between using, and not using the corrections. Because there are no appreciable differences, and to limit unnecessary confusion, TABLES ARE REPORTED WITH UNWEIGHTED DATA. WEIGHTED DATA ARE AVAILABLE UPON REQUEST.

Table A-1. Regional Support Network Abbreviation Reference

Abbreviations in Tables	Regional Support Network (RSN)
CD	Chelan/Douglas
CL	Southwest Washington
GC	Greater Columbia
GH	Grays Harbor
KI	King
NS	North Sound
PE	Peninsula
PI	Pierce
SP	Spokane
TI	Timberlands
TM	Thurston/Mason

Part 1: Indicators by RSN

Table A-2. Gender, Age, and Ethnicity by RSN

			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI
Gender	Female	N	32	70	48	29	26	24	34	29	45	35	22
		%	34.8	45.2	53.3	42.6	34.7	46.2	42.0	47.5	50.6	48.6	46.8
	Male	N	60	85	42	39	49	28	47	32	44	37	25
		%	65.2	54.8	46.7	57.4	65.3	53.8	58.0	52.5	49.4	51.4	53.2
	Total N		92	155	90	68	75	52	81	61	89	72	47
CFCCS	Under 6	N	9	24	11	7	10	9	7	4	9	15	4
		%	9.8	15.5	12.2	10.3	13.3	17.3	8.6	6.6	10.1	20.8	8.5
	6 to 13	N	54	95	52	40	48	28	51	36	54	40	25
		%	58.7	61.3	57.8	58.8	64.0	53.8	63.0	59.0	60.7	55.6	53.2
	13 to 16	N	15	23	11	11	9	8	12	12	13	14	8
		%	16.3	14.8	12.2	16.2	12.0	15.4	14.8	19.7	14.6	19.4	17.0
	16 to 18	N	8	9	10	7	6	5	8	9	9	2	6
		%	8.7	5.8	11.1	10.3	8.0	9.6	9.9	14.8	10.1	2.8	12.8
	Over 18	N	6	4	6	3	2	2	3	0	4	1	4
		%	6.5	2.6	6.7	4.4	2.7	3.8	3.7	0.0	4.5	1.4	8.5
	Total N		92	155	90	68	75	52	81	61	89	72	47
2014	African American	N	2	21	4	3	4	2	13	1	5	0	2
		%	2.2	13.5	4.4	4.4	5.3	3.8	16.0	1.6	5.6	0.0	4.3
	Asian Pacific Islander	N	0	8	1	0	1	0	2	1	3	0	0
		%	0.0	5.2	1.1	0.0	1.3	0.0	2.5	1.6	3.4	0.0	0.0
	Caucasian	N	62	56	58	24	54	41	40	51	67	24	38
		%	67.4	36.1	64.4	35.3	72.0	78.8	49.4	83.6	75.3	33.3	80.9
	Hispanic	N	25	62	18	37	10	3	18	6	14	46	5
		%	27.2	40.0	20.0	54.4	13.3	5.8	22.2	9.8	15.7	63.9	10.6
	Native American	N	3	3	5	3	4	4	5	2	0	2	2
		%	3.3	1.9	5.6	4.4	5.3	7.7	6.2	3.3	0.0	2.8	4.3
	Other	N	0	5	4	1	2	2	3	0	0	0	0
		%	0.0	3.2	4.4	1.5	2.7	3.8	3.7	0.0	0.0	0.0	0.0
	Total N		92	155	90	68	75	52	81	61	89	72	47

Table A-3. Survey Type by RSN

		Family	Youth	Combined
SP	N	63	29	92
	%	68.5	31.5	
KI	N	119	36	155
	%	78.6	23.2	
NS	N	63	27	90
	%	70.0	30.0	
GC	N	47	21	68
	%	69.1	30.9	
PE	N	58	17	75
	%	77.3	22.7	
TM	N	37	15	52
	%	71.2	28.8	
PI	N	58	23	81
	%	71.6	28.4	
GH	N	40	21	61
	%	65.6	34.4	
CL	N	63	26	89
	%	70.8	29.2	
CD	N	55	17	72
	%	76.4	23.6	
TI	N	29	18	47
	%	61.7	38.3	
Total	N	632	250	882
	%	71.7	28.3	

Table A-4. Satisfaction Scale Scores by RSN – Family

		SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	Total	
C F C S 2 0 1 4	General satisfaction	N	63	119	63	47	58	37	58	40	63	55	29	636
		Mean	3.96	3.91	3.82	3.92	3.64	3.67	3.96	4.16	3.88	4.08	3.66	3.89
		Std. Deviation	.68	.75	.94	.70	1.09	1.15	.81	.99	1.03	.78	.91	.89
	Satisfaction with staff	N	63	119	63	47	58	37	58	40	63	55	29	632
		Mean	4.28	4.09	4.25	4.10	4.15	4.10	4.22	4.32	4.22	4.19	4.04	4.18
		Std. Deviation	.47	.72	.52	.59	.71	.81	.66	.82	.67	.57	.69	.66
	Access to services	N	63	119	63	47	58	37	58	40	63	55	29	631
		Mean	3.94	3.84	3.81	3.80	3.89	3.93	4.05	4.19	4.05	4.10	4.12	3.95
		Std. Deviation	.72	.85	.88	.68	.88	.81	.81	.72	.76	.68	.66	.79
	Participation in treatment	N	63	119	63	47	58	37	58	40	63	55	29	634
		Mean	4.12	4.06	4.11	3.96	3.83	3.87	4.11	4.31	4.14	4.00	4.04	4.06
		Std. Deviation	.60	.62	.72	.60	.94	.93	.66	.63	.73	.58	.71	.70
	Staff sensitivity to culture	N	63	119	63	47	58	37	58	40	63	55	29	630
		Mean	4.23	4.18	4.27	4.13	4.28	4.25	4.34	4.39	4.34	4.23	4.12	4.25
		Std. Deviation	.49	.54	.50	.40	.53	.64	.46	.58	.58	.59	.44	.53
Appropriateness of services	N	63	119	63	47	58	37	58	40	63	55	29	636	
	Mean	4.02	3.90	3.86	3.96	3.70	3.69	3.94	4.16	3.91	4.08	3.70	3.91	
	Std. Deviation	.62	.76	.89	.69	1.00	1.17	.79	.98	.97	.75	.90	.86	
Perceived outcomes of service	N	63	119	63	47	58	37	58	40	63	55	29	630	
	Mean	3.83	3.71	3.70	3.64	3.56	3.57	3.72	4.02	3.74	3.91	3.55	3.73	
	Std. Deviation	.74	.81	.86	.75	.98	1.11	.70	.83	.91	.64	.89	.84	

Table A-5. Satisfaction Scale Scores by RSN — Youth

		SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	Total	
C F C S 2 0 1 4	General satisfaction	N	29	36	27	21	17	15	23	21	26	17	18	254
		Mean	3.97	4.05	4.14	4.17	3.66	4.14	3.96	4.23	3.93	3.68	3.74	3.98
		Std. Deviation	.75	.58	.58	.40	.94	.65	.57	.67	.77	.96	.51	.69
	Satisfaction with staff	N	29	36	27	21	17	15	23	20	26	17	17	252
		Mean	4.12	4.19	4.35	4.34	4.12	4.21	4.14	4.27	4.15	3.99	3.94	4.18
		Std. Deviation	.67	.51	.46	.52	.41	.52	.46	.50	.63	.91	.38	.56
	Access to services	N	29	36	27	21	17	15	23	20	26	17	17	252
		Mean	4.07	3.97	4.19	4.10	3.85	3.93	3.98	4.08	4.02	3.77	3.94	4.01
		Std. Deviation	.62	.74	.57	.56	.42	.92	.57	1.04	.70	.99	.50	.70
	Participation in treatment	N	29	36	27	21	17	15	23	20	25	17	18	252
		Mean	4.09	3.84	4.10	4.10	3.69	3.89	4.09	4.17	4.03	3.55	3.87	3.96
		Std. Deviation	.49	.47	.53	.41	.67	.43	.43	.63	.71	.98	.45	.58
	Staff sensitivity to culture	N	28	36	27	21	17	15	23	20	26	17	17	251
		Mean	4.07	4.24	4.40	4.29	4.03	4.23	4.13	4.36	4.13	3.96	4.04	4.18
		Std. Deviation	.56	.43	.46	.46	.42	.33	.39	.39	.58	.77	.46	.50
Appropriateness of services	N	29	36	27	21	17	15	23	21	26	17	18	254	
	Mean	3.99	4.05	4.21	4.19	3.77	4.09	3.96	4.21	4.03	3.76	3.74	4.01	
	Std. Deviation	.75	.57	.45	.43	.78	.70	.57	.62	.74	.95	.49	.66	
Perceived outcomes of service	N	27	36	27	20	17	15	23	20	26	17	17	249	
	Mean	3.85	3.88	3.92	4.10	3.67	3.89	3.71	3.96	3.80	3.84	3.64	3.84	
	Std. Deviation	.75	.55	.80	.44	.57	.48	.63	.74	.79	.77	.57	.67	

Table A-6. Stigma Scale Scores by RSN – Youth

		Stigma		
		Mean	N	Std. Deviation
C F C S 2 0 1 4	SP	1.95	23	.58
	KI	2.04	34	.52
	NS	2.21	24	.64
	GC	1.77	20	.49
	PE	2.24	15	.60
	TM	2.15	15	.52
	PI	2.24	20	.72
	GH	2.08	20	.47
	CL	2.16	21	.64
	CD	2.19	16	.67
	TI	2.12	17	.39
Total		2.10	229	.57

Table A-7. NOMS Scale Scores by RSN and Survey Group – Family

		Social Connectedness			Functioning		
		Mean	N	Std.	Mean	N	Std.
				Deviation			Deviation
C F C S 2 0 1 4	SP	4.08	62	.46	3.86	62	.72
	KI	4.07	117	.49	3.77	113	.86
	NS	4.13	63	.57	3.75	61	.87
	GC	4.04	46	.53	3.71	45	.82
	PE	4.20	57	.54	3.70	57	.94
	TM	4.06	37	.87	3.65	37	1.03
	PI	4.05	56	.65	3.78	54	.84
	GH	4.34	40	.52	4.10	39	.75
	CL	4.18	63	.67	3.75	63	.97
	CD	4.15	55	.59	4.02	53	.75
	TI	4.05	29	.58	3.68	28	.98
Total		4.12	629	.58	3.80	616	.87

Table A-8. NOMS Scale Scores by RSN and Survey Group – Youth

		Social Connectedness			Functioning		
		Mean	N	Std.	Mean	N	Std.
				Deviation			Deviation
C F C S 2 0 1 4	SP	4.19	27	.59	3.85	27	.86
	KI	4.16	36	.41	3.78	36	.68
	NS	4.18	27	.54	3.96	27	.85
	GC	4.30	20	.38	4.10	20	.55
	PE	4.02	17	.44	3.88	17	.70
	TM	4.13	15	.50	4.13	15	.35
	PI	4.08	23	.61	4.00	23	.60
	GH	4.36	20	.48	4.00	20	.86
	CL	4.06	26	.67	3.85	26	.83
	CD	4.00	17	.71	4.00	17	1.00
	TI	3.85	17	.49	3.82	17	.64
Total		4.13	249	.54	3.93	249	.74

Table A-9. Total Service Hours – Family, Youth, & Combined

	Family			Youth			Combined		
	Mean	N	Std.	Mean	N	Std.	Mean	N	Std.
	Deviation			Deviation			Deviation		
CFCS 2014	9.62	631	13.88	9.49	250	17.68	9.58	882	15.04

Table A-10. Service Hours by RSN – Family, Youth, & Combined

	Family			Youth			Combined		
	Mean	N	Std.	Mean	N	Std.	Mean	N	Std.
	Deviation			Deviation			Deviation		
SP	16.31	63	28.50	11.67	29	16.29	14.85	92	25.29
KI	9.06	119	10.55	7.81	36	10.01	8.77	155	10.41
NS	10.61	63	18.51	13.63	27	38.15	11.52	90	25.81
GC	4.50	47	4.71	5.60	21	7.17	4.84	68	5.55
PE	7.14	58	6.47	15.23	17	29.92	8.98	75	15.41
TM	5.46	37	5.92	7.46	15	5.02	6.04	52	5.70
PI	13.20	58	13.98	8.19	23	5.50	11.78	81	12.36
GH	7.68	40	4.80	7.98	21	5.58	7.78	61	5.04
CL	10.93	63	10.51	11.40	26	18.22	11.07	89	13.12
CD	9.65	55	10.49	7.38	17	7.49	9.11	72	9.86
TI	6.20	29	4.95	6.52	18	6.92	6.32	47	5.71
Total	9.61	632	13.87	9.49	250	17.68	9.58	882	15.04

Table A-11. Total Service Hours by Category – Family, Youth, & Combined

		Family		Youth		Combined	
C F C S 2 0 1 4	1 to 5	N	284		134		418
		%	44.9		53.6		47.4
	5 to 25	N	308		100		408
		%	48.7		40.0		46.3
	25 to 50	N	31		9		40
		%	4.9		3.6		4.5
	50+ hours	N	9		7		16
		%	1.4		2.8		1.8
Total N			632		250		882

Table A-12. Service Hours Categories by RSN – Combined Samples

			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	Total
C F C S 2 0 1 4	1 to 5	N	41	76	41	51	40	29	26	21	37	32	24	418
		%	44.6	49.0	45.6	75.0	53.3	55.8	32.1	34.4	41.6	44.4	51.1	47.4
	5 to 25	N	38	71	44	16	31	21	47	40	42	36	22	408
		%	41.3	45.8	48.9	23.5	41.3	40.4	58.0	65.6	47.2	50.0	46.8	46.3
	25 to 50	N	8	5	2	1	3	2	7	0	8	3	1	40
		%	8.7	3.2	2.2	1.5	4.0	3.8	8.6	0.0	9.0	4.2	2.1	4.5
	50+ hours	N	5	3	3	0	1	0	1	0	2	1	0	16
		%	5.4	1.9	3.3	0.0	1.3	0.0	1.2	0.0	2.2	1.4	0.0	1.8
	Total N		92	155	90	68	75	52	81	61	89	72	47	882

Table A-13. Service Hours Categories by RSN – Family

			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	Total
C F C S 2 0 1 4	1 to 5	N	26	55	27	35	28	24	18	13	23	22	13	284
		%	41.3	46.2	42.9	74.5	48.3	64.9	31.0	32.5	36.5	40.0	44.8	44.9
	5 to 25	N	27	58	33	12	29	11	32	27	33	30	16	308
		%	42.9	48.7	52.4	25.5	50.0	29.7	55.2	67.5	52.4	54.5	55.2	48.7
	25 to 50	N	7	4	1	0	1	2	7	0	7	2	0	31
		%	11.1	3.4	1.6	0.0	1.7	5.4	12.1	0.0	11.1	3.6	0.0	4.9
	50+ hours	N	3	2	2	0	0	0	1	0	0	1	0	9
		%	4.8	1.7	3.2	0.0	0.0	0.0	1.7	0.0	0.0	1.8	0.0	1.4
	Total N		63	119	63	47	58	37	58	40	63	55	29	632

Table A-14. Service Hours Categories by RSN – Youth

			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	Total
C F C S 2 0 1 4	1 to 5	N	15	21	14	16	12	5	8	8	14	10	11	134
		%	51.7	58.3	51.9	76.2	70.6	33.3	34.8	38.1	53.8	58.8	61.1	53.6
	5 to 25	N	11	13	11	4	2	10	15	13	9	6	6	100
		%	37.9	36.1	40.7	19.0	11.8	66.7	65.2	61.9	34.6	35.3	33.3	40.0
	25 to 50	N	1	1	1	1	2	0	0	0	1	1	1	9
		%	3.4	2.8	3.7	4.8	11.8	0.0	0.0	0.0	3.8	5.9	5.6	3.6
	50+ hours	N	2	1	1	0	1	0	0	0	2	0	0	7
		%	6.9	2.8	3.7	0.0	5.9	0.0	0.0	0.0	7.7	0.0	0.0	2.8
	Total N		29	36	27	21	17	15	23	21	26	17	18	250

Table A-15. General Satisfaction by RSN

General satisfaction			
	Mean	N	Std. Deviation
SP	3.97	92	.70
KI	3.94	155	.71
NS	3.91	90	.85
GC	4.00	68	.63
PE	3.64	75	1.05
TM	3.81	52	1.05
PI	3.96	81	.75
GH	4.18	61	.88
CL	3.90	89	.96
CD	3.98	72	.84
TI	3.69	47	.78
Total	3.91	890	.84

Table A-16. Voice in Service Delivery by RSN

Participation in treatment			
	Mean	N	Std. Deviation
SP	4.11	92	.56
KI	4.01	155	.59
NS	4.10	90	.67
GC	4.00	68	.55
PE	3.80	75	.89
TM	3.87	52	.81
PI	4.10	81	.60
GH	4.26	61	.62
CL	4.11	88	.72
CD	3.89	72	.71
TI	3.97	47	.62
Total	4.03	886	.67

Table A-17. Satisfaction with Staff by RSN

Satisfaction with staff			
	Mean	N	Std. Deviation
SP	4.23	92	.55
KI	4.12	155	.67
NS	4.28	90	.50
GC	4.18	68	.57
PE	4.14	75	.65
TM	4.13	52	.73
PI	4.20	81	.61
GH	4.31	61	.73
CL	4.20	89	.63
CD	4.14	72	.66
TI	4.00	47	.59
Total	4.18	884	.63

Table A-18. Perceived Outcome of Services by RSN

Perceived outcome of service			
	Mean	N	Std. Deviation
SP	3.83	92	.74
KI	3.75	155	.76
NS	3.77	90	.85
GC	3.78	68	.70
PE	3.59	75	.90
TM	3.66	52	.98
PI	3.71	81	.68
GH	4.00	61	.80
CL	3.76	89	.87
CD	3.89	72	.67
TI	3.58	47	.78
Total	3.76	879	.80

Table A-19. Access to Services by RSN

Access to services			
	Mean	N	Std. Deviation
SP	3.98	92	.69
KI	3.87	155	.82
NS	3.92	90	.81
GC	3.90	68	.65
PE	3.88	75	.79
TM	3.93	52	.83
PI	4.03	81	.74
GH	4.15	61	.84
CL	4.04	89	.74
CD	4.02	72	.77
TI	4.05	47	.61
Total	3.97	883	.76

Table A-20. Staff Sensitivity to Culture by RSN

Staff sensitivity to culture			
	Mean	N	Std. Deviation
SP	4.18	92	.51
KI	4.20	155	.51
NS	4.31	90	.49
GC	4.18	68	.42
PE	4.22	75	.51
TM	4.25	52	.57
PI	4.28	81	.44
GH	4.38	61	.52
CL	4.27	89	.58
CD	4.17	72	.64
TI	4.09	47	.45
Total	4.23	881	.52

Table A-21. Appropriateness of Services by RSN

Appropriateness of services			
	Mean	N	Std. Deviation
SP	4.01	92	.66
KI	3.93	155	.72
NS	3.96	90	.80
GC	4.03	68	.63
PE	3.72	75	.95
TM	3.81	52	1.07
PI	3.95	81	.73
GH	4.18	61	.87
CL	3.94	89	.91
CD	4.00	72	.80
TI	3.71	47	.77
Total	3.94	890	.81

Table A-22. Stigma Scale by RSN – Youth

Stigma			
	Mean	N	Std. Deviation
SP	1.95	23	.58
KI	2.04	34	.52
NS	2.21	24	.64
GC	1.77	20	.49
PE	2.24	15	.59
TM	2.15	15	.51
PI	2.24	20	.71
GH	2.08	20	.47
CL	2.16	21	.64
CD	2.19	16	.67
TI	2.12	17	.39
Total	2.10	229	.57

Table A-23. Social Connectedness (NOMS Scale) by RSN

Social Connectedness			
	Mean	N	Std. Deviation
SP	4.12	92	.50
KI	4.09	155	.47
NS	4.14	90	.56
GC	4.12	68	.50
PE	4.16	75	.52
TM	4.08	52	.78
PI	4.06	81	.63
GH	4.35	61	.50
CL	4.14	89	.66
CD	4.11	72	.62
TI	3.98	47	.55
Total	4.12	878	.57

Table A-24. Functioning (NOMS Scale) by RSN

Functioning			
	Mean	N	Std. Deviation
SP	3.85	92	.76
KI	3.77	155	.81
NS	3.82	90	.86
GC	3.83	68	.76
PE	3.74	75	.89
TM	3.79	52	.91
PI	3.84	81	.78
GH	4.07	61	.78
CL	3.78	89	.94
CD	4.01	72	.81
TI	3.73	47	.86
Total	3.83	865	.83

Table A-25. Arrests During Last 12 Months by RSN

Was your child arrested during the past 12 months?														
			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	Total
C F C S 2 0 1 4	Yes	N	4	1	7	1	3	1	0	2	3	3	0	25
		%	4.5	0.7	7.9	1.5	4.1	1.9	0.0	3.3	3.4	4.2	0.0	2.9
	No	N	85	152	82	64	70	51	78	58	84	69	46	839
		%	95.5	99.3	92.1	98.5	95.9	98.1	100.0	96.7	96.6	95.8	100.0	97.1
Total N			89	153	89	65	73	52	78	60	87	72	46	864

Table A-26. Arrests During 12 Months Prior to Last 12 Months by RSN

Was your child arrested during the 12 months prior to that?														
			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	Total
C F C S 2 0 1 4	Yes	N	3	0	4	1	3	0	1	1	0	1	1	15
		%	3.4	0.0	4.5	1.5	4.1	0.0	1.3	1.7	0.0	1.4	2.2	1.7
	No	N	86	153	85	64	70	52	77	58	87	70	44	846
		%	96.6	100.0	95.5	98.5	95.9	100.0	98.7	98.3	100.0	98.6	97.8	98.3
Total N			89	153	89	65	73	52	78	59	87	71	45	861

Table A-27. Encounters with Police during Last 12 Months by RSN

		Over the last year, encounters with police:												Total
			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	
C F C S 2 0 1 4	Been	N	3	4	4	2	6	3	1	2	4	2	1	32
	Reduced	%	3.4	2.6	4.5	3.0	8.3	5.8	1.3	3.3	4.6	2.8	2.2	3.7
	Stayed the	N	1	2	1	0	0	0	0	2	2	0	3	11
	Same	%	1.1	1.3	1.1	0.0	0.0	0.0	0.0	3.3	2.3	0.0	6.5	1.3
	Increased	N	2	5	5	0	3	1	6	2	2	2	0	28
		%	2.3	3.3	5.7	0.0	4.2	1.9	7.7	3.3	2.3	2.8	0.0	3.3
	Doesn't	N	81	142	78	64	63	48	71	54	79	68	42	790
	Apply/No	%	93.1	92.8	88.6	97.0	87.5	92.3	91.0	90.0	90.8	94.4	91.3	91.8
	Encounters													
	Total N		87	153	88	66	72	52	78	60	87	72	46	861

Table A-28. School Expulsion/Suspension During Last 12 Months by RSN

Was your child expelled or suspended during the past 12 months?														
			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	Total
C F C S 2 0 1 4	Yes	N	14	23	11	10	16	8	13	6	14	5	10	130
		%	15.9	15.3	12.4	15.4	21.6	15.4	16.9	12.1	12.6	8.6	20.0	15.1
	No	N	74	127	78	55	58	44	64	52	72	66	35	725
		%	84.1	84.7	87.6	84.6	78.4	84.6	83.1	89.7	83.7	93.0	77.8	84.8
Total N			88	150	89	65	74	52	77	58	86	71	45	855

Table A-29. School Expulsion/Suspension During 12 Months Prior to Last 12 Months by RSN

Was your child expelled or suspended during the 12 months prior to that?														
			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	Total
C F C S 2 0 1 4	Yes	N	16	20	11	11	15	8	14	7	11	6	9	128
		%	18.6	13.3	12.4	17.5	21.1	15.4	18.2	12.1	12.6	8.6	20.0	15.1
	No	N	70	130	78	52	56	44	63	51	76	64	36	720
		%	81.4	86.7	87.6	82.5	78.9	84.6	81.8	87.9	87.4	91.4	80.0	84.9
Total N			86	150	89	63	71	52	77	58	87	70	45	848

Table A-30. Number of Days in School During the Last Year by RSN

Number of days in school compared to the previous year:														
			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	Total
C F C S 2 0 1 4	Greater	N	27	47	26	21	26	14	18	17	22	18	14	250
		%	31.4	31.1	29.2	32.3	36.1	28.0	23.7	29.3	25.6	25.7	31.8	29.5
	About the Same	N	46	75	36	28	28	28	39	26	40	38	23	407
		%	53.5	49.7	40.4	43.1	38.9	56.0	51.3	44.8	46.5	54.3	52.3	48.1
	Fewer	N	7	18	15	9	9	5	15	9	13	4	3	107
		%	8.1	11.9	16.9	13.8	12.5	10.0	19.7	15.5	15.1	5.7	6.8	12.6
	Does Not Apply	N	6	11	12	7	9	3	4	6	11	10	4	83
		%	7.0	7.3	13.5	10.8	12.5	6.0	5.3	10.3	12.8	14.3	9.1	9.8
	Total N			86	151	89	65	72	50	76	58	86	70	44

Table A-31. Living Situation by RSN

			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	Total
C F C S 2 0 1 4	Living with One Parent (incl. Step Parent)	N	34	76	48	35	35	19	38	21	41	34	16	397
		%	37.0	49.0	53.3	51.5	46.7	36.5	46.9	34.4	46.1	47.2	34.0	45.0
	Living with Both Parents (incl. Step Parent)	N	38	57	32	21	21	19	21	24	31	32	22	318
		%	41.3	36.8	35.6	30.9	28.0	36.5	25.9	39.3	34.8	44.4	46.8	45.0
	Living with Other Family Member (not Parent)	N	16	15	6	7	12	9	13	12	11	6	5	112
		%	17.4	9.7	6.7	10.3	16.0	17.3	16.0	19.7	12.4	8.3	10.6	12.7
	Foster Home	N	0	2	0	2	5	4	3	3	2	0	2	23
		%	0.0	1.3	0.0	2.9	6.7	7.7	3.7	4.9	2.2	0.0	4.3	2.6
	Group Home	N	0	1	1	0	0	0	1	0	0	0	0	3
		%	0.0	0.6	1.1	0.0	0.0	0.0	1.2	0.0	0.0	0.0	0.0	0.3
	Other Living Situation	N	1	2	3	1	1	1	3	2	2	0	1	15
		%	1.1	1.3	3.3	1.5	1.3	1.9	3.7	2.2	2.2	0.0	2.1	1.7
	Unknown/Don't Know	N	3	2	0	2	1	0	2	2	2	0	1	14
		%	3.3	1.3	0.0	2.9	1.3	0.0	2.5	2.2	2.2	0.0	2.1	1.6
Total N			92	155	90	68	75	52	81	89	89	72	47	882

Table A-32. Medicaid Insured (self-reported)by RSN

		Do you have Medicaid Insurance?												
			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	Total
C F C S 2 0 1 4	Yes	N	82	141	80	59	65	46	70	53	73	66	38	773
		%	94.3	94.6	96.4	93.7	90.3	93.9	90.9	91.4	90.1	94.3	86.4	92.8
	No	N	5	8	3	4	7	3	7	5	8	4	6	60
		%	5.7	5.4	3.6	6.3	9.7	6.1	9.1	8.6	9.9	5.7	13.6	7.2
Total N			87	149	83	63	72	49	77	58	81	70	44	833

Table A-33. Medical Check-up by RSN

		Seen a medical professional for a health check-up or for being sick?												
			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	Total
C F C S 2 0 1 4	Yes	N	78	132	86	59	68	49	71	50	78	65	45	781
		%	88.6	87.4	97.7	89.4	91.9	96.1	92.2	84.7	92.9	91.5	97.8	91.3
	No	N	10	19	2	7	6	2	6	9	6	6	1	74
		%	11.4	12.6	2.3	10.6	8.1	3.9	7.8	15.3	7.1	8.5	2.2	8.7
Total N			88	151	88	66	74	51	77	59	84	71	46	855

Table A-34. Marital Status (self-reported among youth 13-21 years old only) by RSN

			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	Total
C F C S 2 0 1 4	Single, Never	N	26	36	27	20	16	15	22	19	25	17	17	240
		Married	%	96.3	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.6
	Married	N	1	0	0	0	0	0	0	0	0	0	0	0
		%	3.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total N			27	36	27	20	16	15	22	19	25	17	17	241

*The response categories 'Separated', 'Divorced' and 'Widowed' are not included in this table because no responses fit into those categories.

Table A-35. School Status by RSN

			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	Total
C F C S 2 0 1 4	Yes	N	86	145	78	63	69	49	72	57	81	66	42	808
		%	96.6	95.4	86.7	96.9	93.2	94.2	92.3	95.0	93.1	91.7	93.3	93.5
	No	N	3	7	12	2	5	3	6	3	6	6	3	56
		%	3.4	4.6	13.3	3.1	6.8	5.8	7.7	5.0	6.9	8.3	6.7	6.5
Total N			89	152	90	65	74	52	78	60	87	72	45	864

Table A-36. Child's Current Grade in School by RSN

			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	Total
C F C S 2 0 1 4	Pre-school	N	9	21	8	7	9	8	5	6	10	10	2	95
		%	10.3	14.1	9.8	10.9	12.9	16.3	6.8	10.2	12.0	14.3	4.8	11.5
	1	N	7	13	10	5	7	4	8	4	9	8	3	78
		%	8.0	8.7	12.2	7.8	10.0	8.2	11.0	6.8	10.8	11.4	7.1	9.4
	2	N	11	17	9	11	9	3	11	5	9	8	5	98
		%	12.6	11.4	11.0	17.2	12.9	6.1	15.1	8.5	10.8	11.4	11.9	11.8
	3	N	8	15	7	1	5	3	5	3	7	2	6	62
		%	9.2	10.1	8.5	1.6	7.1	6.1	6.8	5.1	8.4	2.9	14.3	7.5
	4	N	8	13	5	3	7	5	4	7	5	13	3	73
		%	9.2	8.7	6.1	4.7	10.0	10.2	5.5	11.9	6.0	18.6	7.1	8.8
	5	N	12	8	10	8	7	4	9	5	7	9	2	81
		%	13.8	5.4	12.2	12.5	10.0	8.2	12.3	8.5	8.4	12.9	4.8	9.8
	6	N	3	15	6	5	4	1	7	5	8	3	3	60
		%	3.4	10.1	7.3	7.8	5.7	2.0	9.6	8.5	9.6	4.3	7.1	7.2
	7	N	4	13	6	6	9	9	4	4	7	3	4	69
		%	4.6	8.7	7.3	9.4	12.9	18.4	5.5	6.8	8.4	4.3	9.5	8.3
	8	N	6	7	1	3	2	3	6	4	6	4	2	44
		%	6.9	4.7	1.2	4.7	2.9	6.1	8.2	6.8	7.2	5.7	4.8	5.3
	9	N	7	9	5	5	3	0	4	3	5	6	2	49
		%	8.0	6.0	6.1	7.8	4.3	0.0	5.5	5.1	6.0	8.6	4.8	5.9
	10	N	3	9	2	2	3	4	4	4	2	2	3	38
		%	3.4	6.0	2.4	3.1	4.3	8.2	5.5	6.8	2.4	2.9	7.1	4.6
	11	N	4	2	6	3	4	5	6	5	4	1	5	45
		%	4.6	1.3	7.3	4.7	5.7	10.2	8.2	8.5	4.8	1.4	11.9	5.4
	12	N	5	6	6	5	1	0	0	2	4	1	2	32
		%	5.7	4.0	7.3	7.8	1.4	0.0	0.0	3.4	4.8	1.4	4.8	3.9
	Higher Education	N	0	1	1	0	0	0	0	2	0	0	0	3
		%	0.0	0.7	1.2	0.0	0.0	0.0	0.0	3.4	0.0	0.0	0.0	0.5
	Total N		87	149	82	64	70	49	73	59	83	70	42	828

Table A-37. Grades Received in School During Most Recent School Year by RSN

		SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	Total	
C F C S 2 0 1 4	Mostly As	N	16	14	12	12	7	7	11	9	14	9	6	116
		%	18.4	9.7	14.5	19.0	9.9	14.0	14.5	15.0	16.3	13.4	11.4	13.9
	Mostly Bs	N	16	48	17	15	11	10	13	16	13	20	9	188
		%	18.4	33.1	20.5	23.8	15.5	20.0	17.1	26.7	15.1	29.9	20.5	22.6
	Mostly Cs	N	9	22	8	9	12	9	10	5	9	11	9	113
		%	10.3	15.2	9.6	14.3	16.9	18.0	13.2	8.3	10.5	16.4	20.5	13.6
	Mostly Ds	N	4	4	5	6	4	2	7	1	4	1	2	40
		%	4.6	2.8	6.0	9.5	5.6	4.0	9.2	1.7	4.7	1.5	4.5	4.8
	Mostly Fs	N	1	1	4	0	0	3	1	1	4	2	1	18
		%	1.1	0.7	4.8	0.0	0.0	6.0	1.3	1.7	4.7	3.0	2.3	2.2
	Pass/Satisfactory	N	31	33	25	16	23	12	26	14	27	17	13	237
		%	35.6	22.8	30.1	25.4	32.4	24.0	34.2	23.3	31.4	25.4	29.5	28.5
	Fail/Unsatisfactory	N	2	2	3	3	4	1	3	3	1	1	2	25
		%	2.3	1.4	3.6	4.8	5.6	2.0	3.9	5.0	1.2	1.5	4.5	3.0
	Other	N	8	21	9	2	10	6	5	11	14	6	3	95
		%	9.2	14.5	10.8	3.2	14.1	12.0	6.6	18.3	16.3	9.0	6.8	11.4
Total N		87	145	83	63	71	50	76	60	86	67	44	832	

Table A-38. Highest Grade Completed if Not in School at Time of Survey by RSN

			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	Total
C F C S 2 0 1 4	Pre-school	N	0	3	2	0	1	1	1	0	1	4	0	13
		%	0.0	50.0	20.0	0.0	20.0	33.3	16.7	0.0	16.7	100.0	0.0	27.1
	1	N	0	0	0	0	1	0	0	1	0	0	0	2
		%	0.0	0.0	0.0	0.0	20.0	0.0	0.0	33.3	0.0	0.0	0.0	4.2
	2	N	0	0	0	0	0	0	0	0	0	0	0	0
		%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	3	N	0	0	0	0	0	0	0	1	0	0	0	1
		%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	33.3	0.0	0.0	0.0	2.1
	4	N	0	0	0	0	1	0	0	0	0	0	0	1
		%	0.0	0.0	0.0	0.0	20.0	0.0	0.0	0.0	0.0	0.0	0.0	2.1
	5	N	0	0	1	0	0	0	0	0	1	0	0	2
		%	0.0	0.0	10.0	0.0	0.0	0.0	0.0	0.0	16.7	0.0	0.0	4.2
	6	N	0	0	2	0	0	0	0	0	0	0	0	2
		%	0.0	0.0	20.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.2
	7	N	0	0	0	0	0	0	0	1	0	0	0	1
		%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	33.3	0.0	0.0	0.0	2.1
	8	N	0	0	0	0	0	0	0	0	0	0	0	0
		%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	9	N	0	1	1	0	0	0	0	0	1	0	0	3
		%	0.0	16.7	10.0	0.0	0.0	0.0	0.0	0.0	16.7	0.0	0.0	6.2
	10	N	0	0	1	1	0	0	0	0	0	0	0	2
		%	0.0	0.0	10.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.2
	11	N	0	1	0	0	0	0	1	0	0	0	0	2
		%	0.0	16.7	0.0	0.0	0.0	0.0	16.7	0.0	0.0	0.0	0.0	4.2
	12	N	2	1	2	0	2	2	4	0	3	0	2	18
		%	100.0	16.7	20.0	0.0	40.0	66.7	66.7	0.0	50.0	0.0	100.0	37.5
	Some Higher Education	N	0	0	1	0	0	0	0	0	0	0	0	1
		%	0.0	0.0	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.1
Total N			2	6	10	1	5	3	6	3	6	4	2	48

Table A-39. Medication Use (self-reported) by RSN

On medication for emotional/behavioral problems?														
			SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	Total
C F C S 2 0 1 4	Yes	N	35	39	32	37	27	21	40	20	34	18	18	321
		%	39.8	25.5	35.6	56.1	36.5	40.4	51.9	34.5	39.1	25.0	39.1	37.2
	No	N	53	114	58	29	47	31	37	38	53	54	28	542
		%	60.2	74.5	64.4	43.9	63.5	59.6	48.1	65.5	60.9	75.0	60.9	62.8
	Total N			88	153	90	66	74	52	77	58	87	72	46

Part 2: Indicators by Age, Gender, and Ethnic Group

Table A-40. Client Characteristics

			Family	Youth	Combined
Gender	Female	N	246	151	397
		%	38.7	59.4	44.6
	Male	N	390	103	493
		%	61.3	40.6	55.4
	Total N		636	254	890
Age	Under 6	N	109	0	109
		%	17.2	0.0	12.4
	6 to 14	N	523	0	523
		%	82.8	0.0	59.3
	14 to 16	N	0	136	136
		%	0.0	54.4	15.4
	16 to 18	N	0	79	79
		%	0.0	31.6	9.0
	18+	N	0	35	35
		%	0.0	14.0	4.0
	Total N		632	250	882
Ethnicity	African American	N	47	11	58
		%	7.4	4.3	6.5
	Asian Pacific Islander	N	13	3	16
		%	2.0	1.2	1.8
	Caucasian	N	370	151	521
		%	58.2	59.4	58.5
	Hispanic	N	171	74	245
		%	26.9	29.1	27.5
	Native American	N	23	10	33
		%	3.6	3.9	3.7
	Other	N	12	5	17
		%	1.9	2.0	1.9
	Total N		636	254	890

Table A-41. General Satisfaction by Gender, Age, and Ethnicity

		General Satisfaction		
		Mean	N	Std. Deviation
	Female	3.95	397	.81
	Male	3.88	493	.86
	Total	3.91	890	.84
C F C S 2 0 1 4	Age	Under 6	109	.84
		6 to 14	523	.90
		14 to 16	136	.66
		16 to 18	79	.73
		18+	35	.63
		Total	882	.84
	Ethnicity	African American	58	.81
		Asian Pacific Islander	16	.53
		Caucasian	521	.88
		Hispanic	245	.74
		Native American	33	.82
		Other	17	1.09
		Total	890	.84

Table A-42. Voice in Service Delivery by Gender, Age, and Ethnicity

		Participation in Treatment		
		Mean	N	Std. Deviation
	Gender			
	Female	4.05	394	.65
	Male	4.01	492	.69
	Total	4.03	886	.67
C F C S 2 0 1 4	Age			
	Under 6	4.11	108	.71
	6 to 14	4.04	522	.70
	14 to 16	3.93	135	.60
	16 to 18	3.99	78	.65
	18+	4.02	35	.38
	Total	4.03	878	.67
	Ethnicity			
	African American	4.08	58	.84
	Asian Pacific Islander	4.25	16	.49
	Caucasian	4.09	520	.68
	Hispanic	3.90	242	.56
	Native American	3.95	33	.75
	Other	3.88	17	.99
	Total	4.03	886	.67

Table A-43. Satisfaction with Staff by Gender, Age, and Ethnicity

		Satisfaction with Staff		
		Mean	N	Std. Deviation
	Gender			
	Female	4.20	394	.59
	Male	4.16	490	.66
	Total	4.18	884	.63
C F C S 2 0 1 4	Age			
	Under 6	4.21	107	.63
	6 to 14	4.17	521	.66
	14 to 16	4.18	134	.54
	16 to 18	4.24	79	.60
	18+	4.00	35	.54
	Total	4.18	876	.63
	Ethnicity			
	African American	4.29	58	.70
	Asian Pacific Islander	4.41	16	.59
	Caucasian	4.24	519	.64
	Hispanic	4.00	242	.58
	Native American	4.11	33	.62
	Other	4.22	16	.65
	Total	4.18	884	.63

Table A-44. Perceived Outcomes of Services by Gender, Age, and Ethnicity

		Perceived Outcomes of Service		
		Mean	N	Std. Deviation
Gender	Female	3.79	394	.79
	Male	3.73	485	.80
	Total	3.76	879	.80
Age	Under 6	3.77	108	.81
	6 to 14	3.72	518	.85
	14 to 16	3.86	133	.57
	16 to 18	3.83	78	.78
	18+	3.83	34	.73
	Total	3.76	871	.79
Ethnicity	African American	3.96	56	.71
	Asian Pacific Islander	4.07	16	.66
	Caucasian	3.75	517	.83
	Hispanic	3.72	241	.71
	Native American	3.66	33	.83
	Other	3.55	16	1.01
	Total	3.76	879	.80

Table A-45. Access to Services by Gender, Age, and Ethnicity

		Access to Services		
		Mean	N	Std. Deviation
	Gender			
	Female	3.98	395	.78
	Male	3.96	488	.75
	Total	3.97	883	.76
C F C S 2 0 1 4	Age			
	Under 6	4.08	108	.72
	6 to 14	3.93	519	.80
	14 to 16	4.02	134	.75
	16 to 18	4.00	79	.68
	18+	3.96	35	.57
	Total	3.97	875	.77
	Ethnicity			
	African American	3.99	57	.81
	Asian Pacific Islander	4.25	16	.68
	Caucasian	4.00	519	.82
	Hispanic	3.89	242	.63
	Native American	3.89	33	.73
	Other	3.97	16	.65
	Total	3.97	883	.76

Table A-46. Staff Sensitivity to Culture by Gender, Age, and Ethnicity

		Staff Sensitivity to Culture		
		Mean	N	Std. Deviation
	Gender			
	Female	4.26	394	.48
	Male	4.21	487	.55
Total		4.23	881	.52
C F C S 2 0 1 4	Age			
	Under 6	4.31	107	.51
	6 to 14	4.24	519	.53
	14 to 16	4.22	134	.42
	16 to 18	4.20	79	.60
	18+	4.01	34	.53
	Total	4.23	873	.52
	Ethnicity			
	African American	4.38	57	.54
	Asian Pacific Islander	4.55	16	.51
	Caucasian	4.29	519	.53
	Hispanic	4.05	241	.45
	Native American	4.25	33	.46
	Other	4.29	15	.55
Total		4.23	881	.52

Table A-47. Appropriateness of Services by Gender, Age, and Ethnicity

		Appropriateness of Services		
		Mean	N	Std. Deviation
	Gender			
	Female	3.98	397	.77
	Male	3.90	493	.83
	Total	3.94	890	.81
C F C S 2 0 1 4	Age			
	Under 6	3.99	109	.80
	6 to 14	3.89	523	.87
	14 to 16	4.02	136	.63
	16 to 18	4.09	79	.70
	18+	3.84	35	.61
	Total	3.94	882	.81
	Ethnicity			
	African American	4.04	58	.83
	Asian Pacific Islander	4.21	16	.60
	Caucasian	3.96	521	.84
	Hispanic	3.86	245	.72
	Native American	3.82	33	.85
	Other	3.83	17	.95
	Total	3.94	890	.81

Table A-48. Stigma Scale by Gender, Age, and Ethnicity – Youth

		Stigma		
		Mean	N	Std. Deviation
Gender	Female	2.19	137	.57
	Male	1.96	92	.55
	Total	2.10	229	.57
Age	Under 6	.	0	.
	6 to 14	.	0	.
	14 to 16	2.06	117	.55
	16 to 18	2.15	76	.55
	18+	2.11	32	.72
	Total	2.10	225	.58
Ethnicity	African American	1.99	10	.42
	Asian Pacific Islander	2.33	3	.58
	Caucasian	2.10	134	.58
	Hispanic	2.10	68	.54
	Native American	2.18	10	.76
	Other	1.94	4	.97
	Total	2.10	229	.57

Table A-49. Social Connectedness by Gender, Age, and Ethnicity (NOMS Scale)

		Social Connectedness		
		Mean	N	Std. Deviation
C F C S 2 0 1 4	Gender			
	Female	4.09	394	.62
	Male	4.15	484	.52
	Total	4.12	878	.57
	Age			
	Under 6	4.19	108	.62
	6 to 14	4.10	517	.57
	14 to 16	4.15	133	.45
	16 to 18	4.12	78	.66
	18+	4.07	34	.60
	Total	4.12	870	.57
	Ethnicity			
	African American	4.14	56	.68
	Asian Pacific Islander	4.43	16	.52
	Caucasian	4.19	517	.54
	Hispanic	3.97	240	.54
	Native American	4.16	33	.61
	Other	3.88	16	.78
	Total	4.12	878	.57

Table A-50. Functioning by Gender, Age, and Ethnicity (NOMS Scale)

		Functioning		
		Mean	N	Std. Deviation
	Gender			
	Female	3.88	389	.81
	Male	3.79	476	.85
	Total	3.83	865	.83
C F C S 2 0 1 4	Age			
	Under 6	3.94	106	.86
	6 to 14	3.77	506	.87
	14 to 16	3.92	133	.66
	16 to 18	3.97	78	.84
	18+	3.85	34	.82
	Total	3.83	857	.84
	Ethnicity			
	African American	3.98	56	.75
	Asian Pacific Islander	3.80	15	.94
	Caucasian	3.85	508	.87
	Hispanic	3.77	238	.79
	Native American	3.88	32	.71
	Other	3.75	16	.86
	Total	3.83	865	.83

Table A-51. Arrests during Last 12 Months and 12 Months Prior by Gender, Age, and Ethnicity

			Arrested during the past 12 months			Arrested in the 12 months prior to that		
			Yes	No	Total N	Yes	No	Total N
C F C S 2 0 1 4	Gender	Female	N	12	377	10	376	386
			%	3.1	96.9	2.6	97.4	
		Male	N	14	469	6	477	483
			%	2.9	97.1	1.2	98.8	
		Total	N	26	846	16	853	869
			%	3.0	97.0	1.8	98.2	
	Age	Under 6	N	0	106	0	106	106
			%	0.0	100.0	0.0	100.0	
		6 to 14	N	10	505	1	512	513
			%	1.9	98.1	0.2	99.8	
		14 to 16	N	9	122	5	126	131
			%	6.9	93.1	3.8	96.2	
		16 to 18	N	4	74	5	72	77
			%	5.1	94.9	6.5	93.5	
		18+	N	2	32	4	30	34
			%	5.9	94.1	11.8	88.2	
		Total	N	25	839	15	846	861
			%	2.9	97.1	1.7	98.3	
	Ethnicity	African American	N	1	54	0	54	54
			%	1.8	98.2	0.0	100.0	
		Asian Pacific Islander	N	0	16	0	16	16
			%	0.0	100.0	0.0	100.0	
		Caucasian	N	17	497	11	503	514
			%	3.3	96.7	2.1	97.9	
		Hispanic	N	5	233	2	235	237
			%	2.1	97.9	0.8	99.2	
		Native American	N	1	32	2	30	32
			%	3.0	97.0	6.2	93.8	
		Other	N	2	14	1	15	16
			%	12.5	87.5	6.2	93.8	
		Total	N	26	846	16	853	869
			%	3.0	97.0	1.8	98.2	

Table A-52. Encounters with Police by Gender, Age, and Ethnicity

		Over the last year, encounters with police:						
		Been	Stayed the	Increased	Does Not	Total N		
		Reduced	Same		Apply			
Gender	Female	N	14	4	17	352	387	
		%	3.6	1.0	4.4	91.0		
	Male	N	19	7	11	445	482	
		%	3.9	1.5	2.3	92.3		
	Total	N	33	11	28	797	869	
		%	3.8	1.3	3.2	91.7		
C F C S 2 0 1 4	Under 6	N	1	0	0	107	108	
		%	0.9	0.0	0.0	99.1		
	6 to 14	N	11	4	13	484	512	
		%	2.1	0.8	2.5	94.5		
	14 to 16	N	9	4	7	111	131	
		%	6.9	3.1	5.3	84.7		
	16 to 18	N	7	2	7	60	76	
		%	9.2	2.6	9.2	78.9		
	18+	N	4	1	1	28	34	
		%	11.8	2.9	2.9	82.4		
	Total	N	32	11	28	790	861	
		%	3.7	1.3	3.3	91.8		
	Ethnicity	African	N	3	2	3	47	55
		American	%	5.5	3.6	5.5	85.5	
		Asian Pacific	N	1	0	0	15	16
		Islander	%	6.2	0.0	0.0	93.8	
		Caucasian	N	23	7	18	464	512
			%	4.5	1.4	3.5	90.6	
Hispanic		N	3	2	5	227	237	
		%	1.3	0.8	2.1	95.8		
Native American		N	2	0	1	30	33	
		%	6.1	0.0	3.0	90.9		
Other		N	1	0	1	14	16	
		%	6.2	0.0	6.2	87.5		
Total		N	33	11	28	797	869	
		%	3.8	1.3	3.2	91.7		

Table A-53. School Expulsion/Suspension During Last 12 Months and 12 Months Prior by Gender, Age, and Ethnicity

			Expelled or suspended during the past 12 months			Expelled or suspended during the 12 months prior to that		
			Yes	No	Total N	Yes	No	Total N
C F C S 2 0 1 4	Gender	Female	N	40	384	37	346	383
			%	10.4		9.7	90.3	
		Male	N	91	388	93	380	473
			%	19.0		19.7	80.3	
		Total	N	131	732	130	726	856
			%	15.2		15.2	84.8	
C F C S 2 0 1 4	Age	Under 6	N	3	103	2	102	104
			%	2.9		1.9	98.1	
		6 to 14	N	92	512	78	429	507
			%	18.0		15.4	84.6	
		14 to 16	N	29	131	32	98	130
			%	22.1		24.6	75.4	
		16 to 18	N	6	75	12	62	74
			%	8.0		16.2	83.8	
		18+	N	0	34	4	29	33
			%	0.0		12.1	87.9	
		Total	N	130	855	128	720	848
			%	13.0		15.1	84.9	
	Ethnicity	African American	N	11	54	11	43	54
			%	20.4		20.4	79.6	
		Asian Pacific Islander	N	2	16	0	16	16
			%	12.5		0.0	100.0	
		Caucasian	N	85	509	80	426	506
			%	16.7		15.8	84.2	
		Hispanic	N	27	236	29	205	234
			%	11.4		12.4	87.6	
		Native American	N	5	32	8	22	30
			%	15.6		26.7	73.3	
		Other	N	1	16	2	14	16
			%	6.2		12.5	87.5	
		Total	N	131	863	130	726	856
			%	15.2		15.2	84.8	

Table A-54. Number of Days in School During Last Year by Gender, Age, and Ethnicity

Number of days in school compared to the previous year:								
			Greater	About the Same	Less	Does Not Apply	Total N	
Gender	Female	N	104	179	47	52	382	
		%	27.2	46.9	12.3	13.6		
	Male	N	147	232	63	31	473	
		%	31.1	49.0	13.3	6.6		
	Total	N	251	411	110	83	855	
		%	29.4	48.1	12.9	9.7		
	Age	Under 6	N	22	35	4	44	105
			%	21.0	33.3	3.8	41.9	
		6 to 14	N	163	271	59	11	504
			%	32.3	53.8	11.7	2.2	
14 to 16		N	38	61	20	8	127	
		%	29.9	48.0	15.7	6.3		
16 to 18		N	20	31	18	8	77	
		%	26.0	40.3	23.4	10.4		
18+		N	7	9	6	12	34	
		%	20.6	26.5	17.6	35.3		
Total		N	250	407	107	83	847	
		%	29.5	48.1	12.6	9.8		
Ethnicity		African American	N	20	23	6	5	54
			%	37.0	42.6	11.1	9.3	
	Asian Pacific Islander	N	3	10	2	1	16	
		%	18.8	62.5	12.5	6.2		
	Caucasian	N	151	226	71	56	504	
		%	30.0	44.8	14.1	11.1		
	Hispanic	N	58	134	27	15	234	
		%	24.8	57.3	11.5	6.4		
	Native American	N	14	10	3	4	31	
		%	45.2	32.3	9.7	12.9		
	Other	N	5	8	1	2	16	
		%	31.2	50.0	6.2	12.5		
	Total	N	251	411	110	83	855	
		%	29.4	48.1	12.9	9.7		

Table A-55. Checkup During Last 12 months by Gender, Age, and Ethnicity

See a medical doctor professional for a health check-up for being sick in the last year					
			Yes	No	Total N
Gender	Female	N	358	26	384
		%	93.2	6.8	
	Male	N	431	48	479
		%	90.0	10.0	
	Total	N	789	74	863
		%	91.4	8.6	
C F C S 2 0 1 4 Age	Under 6	N	102	6	108
		%	94.4	5.6	
	6 to 14	N	472	39	511
		%	92.4	7.6	
	14 to 16	N	111	15	126
		%	88.1	11.9	
	16 to 18	N	68	8	76
		%	89.5	10.5	
	18+	N	28	6	34
		%	82.4	17.6	
	Total	N	781	74	855
		%	91.3	8.7	
Ethnicity	African American	N	50	4	54
		%	92.6	7.4	
	Asian Pacific Islander	N	14	2	15
		%	87.5	12.5	
	Caucasian	N	470	40	510
		%	92.2	7.8	
	Hispanic	N	213	23	236
		%	90.3	9.7	
	Native American	N	30	2	32
		%	93.8	6.2	
	Other	N	12	3	15
		%	80.0	20.0	
Total	N	789	74	863	
	%	91.4	8.6		

Table A-56. Medication Use by Gender, Age, and Ethnicity

			On medication for emotional/behavioral problems		
			Yes	No	Total N
C F C S 2 0 1 4	Gender	Female	N	122	269
			%	31.2	68.8
		Male	N	201	279
			%	41.9	58.1
		Total	N	323	548
			%	37.1	62.9
	Age	Under 6	N	17	91
			%	15.7	84.3
		6 to 14	N	195	318
			%	38.0	62.0
		14 to 16	N	55	77
			%	41.7	58.3
		16 to 18	N	37	40
			%	48.1	51.9
	Ethnicity	18+	N	17	16
			%	51.5	48.5
		Total	N	321	542
			%	37.2	62.8
		African American	N	25	30
			%	45.5	54.5
		Asian Pacific Islander	N	4	12
			%	25.0	75.0
		Caucasian	N	216	296
			%	42.2	57.8
		Hispanic	N	59	180
			%	24.7	75.3
		Native American	N	13	20
			%	39.4	60.6
		Other	N	6	10
			%	37.5	62.5
		Total	N	323	548
			%	37.1	62.9

APPENDIX B

File Information Document

Codebook

PID_FY

	Value
Standard Attributes Label	PID

CID

	Value
Standard Attributes Label	<none>

MHDPFRP

	Value
Standard Attributes Label	<none>

RUID

	Value
Standard Attributes Label	Agency
	2 Adams County Counseling
	3 Rogers Counseling Center (asotin)
	4 Garfield MH Center
	5 Chelan-Douglas Behavioral Health Cntr
	6 Penninsula Counseling Center
	7 Westend Outreach Services
	9 Lower Columbia MH Center
	10 Thurston-Mason Community MH Center
	12 Ferry County Community Services
	13 Grant Mental HealthCare
Labeled Values	14 Columbia River MH Cntr (Elahan)
	17 Jefferson County Counseling
	18 Asian Counseling and Referral Services
	19 Central Area MH Center, Inc
	20 Community Home Health Care
	21 Community House
	22 Community Psychiatric Clinic
	24 Consejo
	26 Harborview Community MH Center
	27 Highline-West Seattle MH Center
	29 Seattle Childrens Home

30	Seattle Counseling Service
31	Y.M.C.A. Youth at Risk
33	Seattle Mental Health Institute
34	Valley Cities MH Center
36	Kitsap Mental Health
38	Klickitat County MH Services
40	Okanogan Family Counseling
41	Northwest MH Services
42	Pend Oreille
44	Tacoma Comprehensive
45	Greater Lakes MH Center
46	Good Samaritan Hospital
48	Skagit Counseling & Psychiatric Services
49	Skamania County Counseling Center
50	Counterpoint
53	Lifenet Health
54	Spokane MH Center
55	Stevens County Counseling Services Center
56	Walla Walla MH Center
57	Whatcom Counseling & Psychiatric
58	Snohomish County E&T
60	Lake Whatcom Res/Treatment Fac
62	Catholic Community Services
63	Whitman County MH Center
64	Central WA Comprehensive MH Inc
65	Evergreen Counseling Cntr
66	Willapa Counseling Cntr
67	Central WA Comprehensive MH - Kittitas
68	Sunderland Family Services
69	SEA-MAR
70	Catholic Community Services - Homebuilders
71	Cascade Mental HealthCare
73	Lourdes Counseling Center
74	Yakima Valley Farm Workers
75	Wahkiakum MH Services
76	Family Counseling Services - Spokane
77	Catholic Services - Seattle
78	Catholic Family & Child Services - Yakima
80	Childrens Hospital & Medical Center
81	Kwawachee Counseling Center

82	Nueva Esperanza
83	Tamarack - Spokane
84	Lutheran Social Services - Spokane
85	Childrens Home Society - Vancouver
86	Catholic Family Services - Spokane
87	Lutheran Social Services
88	Catholic Community Services - Grays Harbor
89	Childrens Home Society - Spokane
91	Childrens Center
92	Saint Peters Hospital
93	Saint John Medical Cntr
95	Childrens Home Society of WA - Wenatchee
98	Sacred Heart Hospital (Acute Diversion)
99	Benton/Franklin Crisis Response Services
101	Pierce County Jail
107	Skagit County Human Services
110	Catholic Family & Child Svc
119	SL Start
122	Toutle River Boys Ranch
125	Sea Mar Community Health Centers
127	SEA MAR of Pierce County
130	Excelsior Youth Cntr
131	Snohomish County Human Services Department
132	SW Hospital
133	Grief Counseling Program
134	NATIVE Project
137	Blue Mountain Counseling
140	ITA - King County
142	ITA - Pierce County
143	Volunteers of America - Snohomish
146	Spokane Emergency Services
148	Transitional Resources
152	Downtown Emergency Center
153	E. Iohr (Madison House)
156	Blair House
157	Grande Manor
160	Memory Lane Home
161	Milford House
162	Oak Hill Center
164	Branch Manor

165	Cascade Hill
166	Chartley House
167	El Rey CCF and ARTF
168	The Inn
169	Keystone Resources
173	Summit Inn
175	Aurora House
181	Palouse Care
185	Central WA Comprehensive-Res Facility
188	Sunnyside Residential
192	Second Street House
193	Burwell House
194	Elahan Place
195	Evergreen Retirement Inn
219	Benson Heights
221	High West
225	R.E.M. Association
226	Spokane County Supportive Living Program
227	SEA MAR
228	Behavioral Health Resources
229	Catholic Community Services
231	Clark County Mental Health Court
236	Family Solutions
237	Walla Walla County DHS Crisis Response
238	RMH Services
239	Mental Health North West
243	Lifeline Connections
246	Evergreen Healthcare
252	Tulalip Family Counseling
264	Bridgeways
484	Skagit County E&T
826	Spokane County Jail
6001	Casey Family Partners
6004	Spokane County Triage
6005	Community Detox of Spokane County
6006	School District 81
6007	Volunteers of America, Passages
7002	SEER - Spokane Community College
8000	Mallon Place
8001	Sunshine House

8002	Valley View
8003	Sunshine Terrace
8004	Sunshine Terrace Rehab
8005	Whitehouse Living Center
8007	Carlyle House
8010	Ridgefield Living Center
8016	Gleed Orchard Manor
8018	Buena Pathways
8019	Crisis Triage Center
8022	Greenhouse
8024	Skagit Adult Crisis
8025	Bailey Adult Crisis
8026	Haven House
8028	WCPC Crisis Respite
8029	Lake Whatcom Center
8032	El Rey -SL
8044	Kellys Adult Family Home
8045	Stillwater House
8047	Brierwood Home
8049	Park Place
8050	Luckett House
8054	Cullum House
8056	CVCH Diversion
8057	Evergreen Crisis Clinic
9000	Capital Clubhouse
9001	Friends of Rose House
10006	Clark County Crisis Services
10019	Sea Mar Behavioral Health
10022	Interfaith Community Health Centers
10025	Sea Mar Community Health Centers
10044	Sunshine House Stepdown
10045	Spokane County Juvenile
10067	Recovery Innovations, Inc
10072	Telecare E&T of Pierce County
10080	Recovery Innovations
10081	CVAB-VAL OGDEN CLUBHOUSE-CLARK COUNTY
10095	Childrens Home Society of Wenatchee

RSNPROV_MIS

		Value
Standard Attributes	Label	RSN
	410	SP
	411	KI
	412	NS
	413	GC
	416	PE
Labeled Values	418	TM
	419	PI
	420	GH
	424	CL
	425	CD
	426	TI

servdate

		Value
Standard Attributes	Label	Last Service Date

SUM_SVC_M

		Value
Standard Attributes	Label	Service Minutes

SUM_SVC_H

		Value
Standard Attributes	Label	Service Hours

Hours_cat

		Value
Standard Attributes	Label	Outpatient service hours categories
	1	Less than 1 hour
	2	1 to 5 hours
Valid Values	3	5 to 25 hours
	4	25 to 50 hours
	5	50 hours or more

client_last_name_MIS

		Value
Standard Attributes	Label	Last Name

client_first_name_MIS

		Value
Standard Attributes	Label	First Name

DOB_MIS

		Value
Standard Attributes	Label	DOB

Client_age_Mis

		Value
Standard Attributes	Label	Age at last Service

age_cat99_MIS

		Value
Standard Attributes	Label	Age Categories
	1.00	Under 6
	2.00	6 through 13
Valid Values	3.00	14 through 15
	4.00	16 through 17
	5.00	18 and Over

Gender_MIS_SR

		Value
Standard Attributes	Label	Gender MSR
	1	Female
Valid Values	2	Male
	3	Unknown
Missing Values	77	Missing

Ethnic_MIS_SR

		Value
Standard Attributes	Label	Ethnicity MSR
	1	African American
	2	Asian Pacific Islander
	3	Caucasian
Valid Values	4	Hispanic
	5	Native American
	6	Other
Missing Values	99	Not Reported Unknown

minority_MIS_SR

		Value
Standard Attributes	Label	Minority MSR
Valid Values	1	Minority
	2	Not Minority
Missing Values	99	Unknown

SSN

		Value
Standard Attributes	Label	Social Security Number

LastDisposition

		Value
Standard Attributes	Label	Last Disposition
	1	Disconnect
	2	Wrong Number
	3	No Answer
	4	Answering Machine
	5	Busy
	6	Language Barrier
	7	Already Responded
	8	Unavailable
Valid Values	9	Hard Refusal
	10	Soft Refusal
	11	Callback/Not at Home
	12	Partial Complete
	13	Mid-Terminate
	14	Complete
	15	No Mental Health Services
	16	Deceased
	17	Mail Survey Request
	18	Left Message with Friend/Relative
	19	No Longer at this Number

DispRecode

		Value
Standard Attributes	Label	Disposition Recode
	1.00	Incorrect Number
Valid Values	2.00	Language Barrier
	3.00	Unavailable

4.00	Refusals
5.00	Completions
6.00	No Mental Health Services
7.00	Deceased
8.00	No Answer
9.00	Other

Adult_Frame

	Value
Standard Attributes	Label
Valid Values	0
	1
	Yes

Family_Youth_Frame

	Value
Standard Attributes	Label
Valid Values	0
	1
	Yes

Family_sample

	Value
Standard Attributes	Label
Valid Values	0
	1
	Yes

Youth_sample

	Value
Standard Attributes	Label
Valid Values	0
	1
	Yes

Family_Youth_sample

	Value
Standard Attributes	Label
Valid Values	.00
	1.00
	Yes

Respondent

	Value
Standard Attributes	Label
Valid Values	0
	No

1	Yes
---	-----

Survey

		Value
Standard Attributes	Label	Which survey did respondent complete? Family or Youth?
	0	Non-Respondent
Valid Values	1	Family
	2	Youth

Adult_Youth_sample

		Value
Standard Attributes	Label	Adult Youth Overlap
	0	No
Valid Values	1	Yes

letter

		Value
Standard Attributes	Label	A purple colored letter was mailed to you recently describing the study. Do you remember receiving it?
	1	Yes
Valid Values	2	No
Missing Values	99	Unknown

q_7

		Value
Standard Attributes	Label	Overall, I am satisfied with the services my child received.
	1	Strongly Disagree
	2	Disagree
Valid Values	3	Undecided
	4	Agree
	5	Strongly Agree
	66	Unknown
Missing Values	99	Refused

q_14

		Value
Standard Attributes	Label	While receiving mental health services... I helped to choose my child's services.
	1	Strongly Disagree
Valid Values	2	Disagree
	3	Undecided

	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_15

		Value
Standard Attributes	Label	While receiving mental health services... I helped to choose my child's treatment goals.
	1	Strongly Disagree
	2	Disagree
Valid Values	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_16

		Value
Standard Attributes	Label	While receiving mental health services... the people helping my child stuck with him/her no matter what..
	1	Strongly Disagree
	2	Disagree
Valid Values	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_17

		Value
Standard Attributes	Label	While receiving mental health services... I felt my child had someone to talk to when he/she was troubled..
	1	Strongly Disagree
	2	Disagree
Valid Values	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_18

		Value
Standard Attributes	Label	While receiving mental health services... the people helping my child listened to what he/she had to say.
	1	Strongly Disagree
Valid Values	2	Disagree
	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_19

		Value
Standard Attributes	Label	While receiving mental health services... I was actively involved in my child's treatment.
	1	Strongly Disagree
Valid Values	2	Disagree
	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_20

		Value
Standard Attributes	Label	While receiving mental health services... the services my child and/or family received were right for us.
	1	Strongly Disagree
Valid Values	2	Disagree
	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_21

		Value
Standard Attributes	Label	While receiving mental health services... the location of services was convenient for us.
	1	Strongly Disagree
Valid Values	2	Disagree
	3	Undecided

	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_22

		Value
Standard Attributes	Label	While receiving mental health services... services were available at times that were convenient for us.
	1	Strongly Disagree
	2	Disagree
Valid Values	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_23

		Value
Standard Attributes	Label	If I need services for my child in the future, I would use these services again.
	1	Strongly Disagree
	2	Disagree
Valid Values	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_24

		Value
Standard Attributes	Label	My family got the help we wanted for my child.
	1	Strongly Disagree
	2	Disagree
Valid Values	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_25

		Value
Standard Attributes	Label	My family got as much help as we needed for my child.

Valid Values	1	Strongly Disagree
	2	Disagree
	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_26

		Value
Standard Attributes	Label	My child and familys needs determined my childs treatment goals.
Valid Values	1	Strongly Disagree
	2	Disagree
	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_27

		Value
Standard Attributes	Label	Staff treated me and my child with respect.
Valid Values	1	Strongly Disagree
	2	Disagree
	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_28

		Value
Standard Attributes	Label	While receiving mental health services... staff understood my familys cultural traditions.
Valid Values	1	Strongly Disagree
	2	Disagree
	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_29

		Value
Standard Attributes	Label	While receiving mental health services... staff respected my familys religious/spiritual beliefs.
	1	Strongly Disagree
Valid Values	2	Disagree
	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_30

		Value
Standard Attributes	Label	While receiving mental health services... staff spoke with me and my child in a way that we understood.
	1	Strongly Disagree
Valid Values	2	Disagree
	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_31

		Value
Standard Attributes	Label	While receiving mental health services... staff were sensitive to our cultural/ethnic background.
	1	Strongly Disagree
Valid Values	2	Disagree
	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_32

		Value
Standard Attributes	Label	While receiving mental health services... we felt discriminated against while trying to get services.
	1	Strongly Disagree
Valid Values	2	Disagree
	3	Undecided

	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_8

		Value
Standard Attributes	Label	As a result of the services my child or my family received: My child is better at handling daily life.
	1	Strongly Disagree
	2	Disagree
Valid Values	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_9

		Value
Standard Attributes	Label	As a result of the services my child or my family received: My child gets along better with family members.
	1	Strongly Disagree
	2	Disagree
Valid Values	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_10

		Value
Standard Attributes	Label	As a result of the services my child or my family received: My child gets along better with friends and other people.
	1	Strongly Disagree
	2	Disagree
Valid Values	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_11

		Value
Standard Attributes	Label	As a direct result of services my child or my family received: My child is doing better in school and/or work.
	1	Strongly Disagree
	2	Disagree
Valid Values	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_12

		Value
Standard Attributes	Label	As a direct result of services my child or my family received: My child is better able to cope when things go wrong.
	1	Strongly Disagree
	2	Disagree
Valid Values	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_13

		Value
Standard Attributes	Label	As a direct result of services my child or my family received: I am satisfied with our family life right now.
	1	Strongly Disagree
	2	Disagree
Valid Values	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_33

		Value
Standard Attributes	Label	My child is better able to do things he or she wants to do.
	1	Strongly Disagree
Valid Values	2	Disagree
	3	Undecided

	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_34

		Value
Standard Attributes	Label	I know people who will listen and understand me when I need to talk.
	1	Strongly Disagree
	2	Disagree
Valid Values	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_35

		Value
Standard Attributes	Label	I have people that I am comfortable talking with about my child's problems.
	1	Strongly Disagree
	2	Disagree
Valid Values	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_36

		Value
Standard Attributes	Label	In a crisis, I would have the support I need from family or friends.
	1	Strongly Disagree
	2	Disagree
Valid Values	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_37

		Value
Standard Attributes	Label	I have people with whom I can do enjoyable things.
	1	Strongly Disagree
Valid Values	2	Disagree
	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_38

		Value
Standard Attributes	Label	People discriminate against me because I have a mental illness.
	1	Strongly Disagree
Valid Values	2	Disagree
	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_39

		Value
Standard Attributes	Label	Others think I cant achieve much in life because I have a mental illness.
	1	Strongly Disagree
Valid Values	2	Disagree
	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_40

		Value
Standard Attributes	Label	People ignore me or take me less seriously just because I have a mental illness.
	1	Strongly Disagree
Valid Values	2	Disagree
	3	Undecided
	4	Agree

	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_41

		Value
Standard Attributes	Label	People often patronize me, or treat me like a child, just because I have a mental illness.
	1	Strongly Disagree
	2	Disagree
Valid Values	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

q_42

		Value
Standard Attributes	Label	Nobody would be interested in getting close to me because I have a mental illness.
	1	Strongly Disagree
	2	Disagree
Valid Values	3	Undecided
	4	Agree
	5	Strongly Agree
Missing Values	66	Unknown
	99	Refused

otherss

		Value
Standard Attributes	Label	Is your child involved with more than one child-serving agency.
Valid Values	1	Yes
	2	No
Missing Values	66	Unknown
	99	Refused

otherss_howell

		Value
Standard Attributes	Label	How well do you think these agencies are working together to meet your child's needs?
Valid Values	1	Very Well
	2	Mostly Well

	3	Not Well
	4	Very Not Well
Missing Values	66	Unknown
	99	Refused

otherss_team

		Value
Standard Attributes	Label	Does your child have a Child and Family Team (A team that works with your family to carry out your child's treatment plan)?
Valid Values	1	Yes
	2	No
Missing Values	66	Unknown
	99	Refused

otherss_teamsatisfy

		Value
Standard Attributes	Label	How satisfied are you with the team?
	1	Very Satisfied
	2	Mostly Satisfied
Valid Values	3	Dissatisfied
	4	Very Dissatisfied
	66	Unknown
	99	Refused

sex_sr

		Value
Standard Attributes	Label	Is your child male or female?:
Valid Values	1	Female
	2	Male
Missing Values	66	Unknown
	99	Refused

dob_sr

		Value
Standard Attributes	Label	Self-Reported Date of Birth

hispanic_sr

		Value
Standard Attributes	Label	Are you Hispanic, Latino/a, or Spanish origin?
Valid Values	1	No, Not Hispanic, Latino/a, or Spanish Origin
	2	Yes, Mexican, Mexican American, or Chicano/a

	3	Yes, Puerto Rican
	4	Yes, Cuban
	5	Yes, Another Hispanic, Latino/a, or Spanish Origin
Missing Values	77	Unknown
	99	Refused

hispanic1_sr

		Value
Standard Attributes	Label	Are you Hispanic, Latino/a, or Spanish origin? Other

race_sr

		Value
Standard Attributes	Label	What is the race or ethnic group of your child?
	1	Native American or Alaskan Native
	2	Asian
	3	African American or Black
Valid Values	4	Hispanic or Latino
	5	White, non-Hispanic
	6	Pacific Islander
	7	Other Race/Ethnicity
Missing Values	66	Unknown
	99	Refused

race1_sr

		Value
Standard Attributes	Label	If Other race or ethnic group, what?

schexpel

		Value
Standard Attributes	Label	Was your child expelled or suspended during the past 12 months?
Valid Values	1	Yes
	2	No
Missing Values	66	Unknown
	99	Refused

exepelpri

		Value
Standard Attributes	Label	Was your child expelled or suspended during the 12 months prior to that?
Valid Values	1	Yes
	2	No
Missing Values	66	Unknown

99	Refused
----	---------

schdays

		Value
Standard Attributes	Label	Over the last year, the number of days my child was in school compared to the previous year is:
	1	Greater
	2	About the Same
Valid Values	3	Less
	4	Does Not Apply
	66	Unknown
Missing Values	99	Refused

schday_n

		Value
Standard Attributes	Label	Why does this not apply?
	1	No attendance problem before starting services
	2	Too young for school
	3	Expelled
Valid Values	4	Home schooled
	5	Dropped out
	6	Other
	66	Unknown
Missing Values	99	Refused

schstat

		Value
Standard Attributes	Label	Is your child currently in school?
	1	Yes
Valid Values	2	No
	66	Unknown
Missing Values	99	Refused

complet

		Value
Standard Attributes	Label	What is the highest grade that [child s name] has completed grade INTERVIEWER: Enter completed grade level as a numbe

curgrade

		Value
Standard Attributes	Label	What grade is your child in grade INTERVIEWER: Enter grade level as a number > Before first grade = 0

grades

		Value
Standard Attributes	Label	In your child's current/last year in school, what grades does he/she mostly get?
Valid Values	1	Mostly As
	2	Mostly Bs
	3	Mostly Cs
	4	Mostly Ds
	5	Mostly Fs
	6	Pass (Satisfactory)
	7	Fail (Unsatisfactory)
	8	Other
Missing Values	66	Unknown
	99	Refused

living

		Value
Standard Attributes	Label	Who is the child living with?
Valid Values	1	One parent (include step-parent)
	2	Both parents (include step-parents)
	3	Another family member (not parents)
	4	Foster home
	5	Therapeutic foster home
	6	Crisis shelter
	7	Homeless Shelter
	8	Group home
	9	Residential treatment center
	10	Hospital
	11	Local jail or detention facility
	12	State correctional facility
	13	Runaway/Homeless
	14	Other living situation

meds_sr

		Value
Standard Attributes	Label	Is your child on medication for emotional/behavioral problems?
Valid Values	1	Yes
	2	No
Missing Values	66	Unknown
	99	Refused

checkup_

		Value
Standard Attributes	Label	In the last year, did your child see a medical doctor (or nurse) for a health check-up or because he/she was sick?
Valid Values	1	Yes
	2	No
Missing Values	66	Unknown
	99	Refused

medicaid

		Value
Standard Attributes	Label	Do you have Medicaid insurance?
Valid Values	1	Yes
	2	No
Missing Values	66	Unknown
	99	Refused

arrestps

		Value
Standard Attributes	Label	Was your child arrested during the past 12 months?
Valid Values	1	Yes
	2	No
Missing Values	66	Unknown
	99	Refused

arrestpr

		Value
Standard Attributes	Label	Was your child arrested in the 12 months prior to that?
Valid Values	1	Yes
	2	No
Missing Values	66	Unknown
	99	Refused

encounte

		Value
Standard Attributes	Label	Over the last year, have your child's encounters with police...
Valid Values	1.00	Been Reduced (for example, police have not arrested or hassled you or taken you to a shelter or crisis program).
	2.00	Stayed the Same
	3.00	Increased
	4.00	Not Applicable (No encounters this year or last).

Missing Values	66.00	Unknown
	99.00	Refused

language

		Value
Standard Attributes	Label	What language was the interview completed in?
	1.00	English
Valid Values	2.00	Spanish
	3.00	Russian
	99.00	Unknown

marital

		Value
Standard Attributes	Label	Which of the following best describes your marital status? Are you...
	1.00	Separated
Valid Values	2.00	Divorced
	3.00	Widowed
	4.00	Single, Never Married
	5.00	Married
Missing Values	66.00	Unknown
	99.00	Refused

gensat_s

		Value
Standard Attributes	Label	General satisfaction_S

staff_s

		Value
Standard Attributes	Label	Satisfaction with staff_S

voice_s

		Value
Standard Attributes	Label	Participation in treatment_S

outcom_s

		Value
Standard Attributes	Label	Outcomes - Perceived outcomes of service_S

access_s

		Value
Standard Attributes	Label	Access to services_S

cultur_s

		Value
Standard Attributes	Label	Culture - Staff sensitivity to culture_S

approp_s

		Value
Standard Attributes	Label	Appropriateness of services_S

social_s

		Value
Standard Attributes	Label	Social Connectedness-NOMS_S

function_s

		Value
Standard Attributes	Label	Functioning_S

stigma_s

		Value
Standard Attributes	Label	Stigma_S

caregive

		Value
Standard Attributes	Label	Respondent's relationship to child
	1	Parent, including step or adopted
	2	Grandparent or Great-Grandparent
	3	Aunt/Uncle
	4	Foster Parent
	5	Sibling
Valid Values	6	Other Legal Guardian

likemost1

		Value
Standard Attributes	Label	What two things did you like most about the services you received?
	1	Services
	2	Support
	3	Group Therapy
	4	Medication
	5	Access related to Time, Convenience, or Money
Valid Values	6	Office or General Staff

7	Therapy or Case Management Staff
8	Environment
9	Medical Staff
10	Staff Turnover
11	Stigma, Bias, Discrimination, Fairness, Respect
12	Fear of Other Patients
13	Access related to Place, Distance, or Transportation
14	Communication

likemost2

		Value
Standard Attributes	Label	What two things did you like most about the services you received?
	1	Services
	2	Support
	3	Group Therapy
	4	Medication
	5	Access related to Time, Convenience, or Money
	6	Office or General Staff
Valid Values	7	Therapy or Case Management Staff
	8	Environment
	9	Medical Staff
	10	Staff Turnover
	11	Stigma, Bias, Discrimination, Fairness, Respect
	12	Fear of Other Patients
	13	Access related to Place, Distance, or Transportation
	14	Communication

likemost3

		Value
Standard Attributes	Label	What two things did you like most about the services you received?
	1	Services
	2	Support
	3	Group Therapy
	4	Medication
Valid Values	5	Access related to Time, Convenience, or Money
	6	Office or General Staff
	7	Therapy or Case Management Staff
	8	Environment
	9	Medical Staff

10	Staff Turnover
11	Stigma, Bias, Discrimination, Fairness, Respect
12	Fear of Other Patients
13	Access related to Place, Distance, or Transportation
14	Communication

likemost4

		Value
Standard Attributes	Label	What two things did you like most about the services you received?
	1	Services
	2	Support
	3	Group Therapy
	4	Medication
Valid Values	5	Access related to Time, Convenience, or Money
	6	Office or General Staff
	7	Therapy or Case Management Staff
	8	Environment
	9	Medical Staff
	10	Staff Turnover
	11	Stigma, Bias, Discrimination, Fairness, Respect
	12	Fear of Other Patients
	13	Access related to Place, Distance, or Transportation
	14	Communication

likeleast1

		Value
Standard Attributes	Label	What two things did you like least about the services you received?
	1	Services
	2	Support
	3	Group Therapy
	4	Medication
Valid Values	5	Access related to Time, Convenience, or Money
	6	Office or General Staff
	7	Therapy or Case Management Staff
	8	Environment
	9	Medical Staff
	10	Staff Turnover
	11	Stigma, Bias, Discrimination, Fairness, Respect
	12	Fear of Other Patients

13	Access related to Place, Distance, or Transportation
14	Communication

likeleast2

		Value
Standard Attributes	Label	What two things did you like least about the services you received?
	1	Services
	2	Support
	3	Group Therapy
	4	Medication
Valid Values	5	Access related to Time, Convenience, or Money
	6	Office or General Staff
	7	Therapy or Case Management Staff
	8	Environment
	9	Medical Staff
	10	Staff Turnover
	11	Stigma, Bias, Discrimination, Fairness, Respect
	12	Fear of Other Patients
	13	Access related to Place, Distance, or Transportation
	14	Communication

likeleast3

		Value
Standard Attributes	Label	What two things did you like least about the services you received?
	1	Services
	2	Support
	3	Group Therapy
	4	Medication
Valid Values	5	Access related to Time, Convenience, or Money
	6	Office or General Staff
	7	Therapy or Case Management Staff
	8	Environment
	9	Medical Staff
	10	Staff Turnover
	11	Stigma, Bias, Discrimination, Fairness, Respect
	12	Fear of Other Patients
	13	Access related to Place, Distance, or Transportation
	14	Communication

likeleast4

		Value
Standard Attributes	Label	What two things did you like least about the services you received?
	1	Services
	2	Support
	3	Group Therapy
	4	Medication
	5	Access related to Time, Convenience, or Money
Valid Values	6	Office or General Staff
	7	Therapy or Case Management Staff
	8	Environment
	9	Medical Staff
	10	Staff Turnover
	11	Stigma, Bias, Discrimination, Fairness, Respect
	12	Fear of Other Patients
	13	Access related to Place, Distance, or Transportation
	14	Communication

APPENDIX C

Recodes and Descriptive Statistics Syntax

CFCS 2014 Syntax

Create MHSIP base survey scales from 2004/2006 to conform to MHD performance indicators projects.

```
COMPUTE gensat_s = MEAN (q_7, q_20, q_23, q_24, q_25) .
VARIABLE LABELS gensat_s 'General satisfaction_S' .
```

```
COMPUTE staff_s = MEAN (q_16, q_17, q_18, q_27, q_30) .
VARIABLE LABELS staff_s 'Satisfaction with staff_S' .
```

```
COMPUTE voice_s = MEAN (q_14, q_15, q_19) .
VARIABLE LABELS voice_s 'Participation in treatment_S' .
```

```
COMPUTE outcom_s = MEAN (q_8, q_9, q_10, q_11, q_12, q_13) .
VARIABLE LABELS outcom_s 'Outcomes - Perceived outcomes of service_S' .
```

```
COMPUTE access_s = MEAN (q_21, q_22) .
VARIABLE LABELS access_s 'Access to services_S' .
```

```
COMPUTE cultur_s = MEAN (q_27, q_29, q_30, q_31) .
VARIABLE LABELS cultur_s 'Culture - Staff sensitivity to culture_S' .
```

```
COMPUTE approp_s = MEAN (q_7, q_16, q_17, q_20, q_24, q_25) .
VARIABLE LABELS Approp_s 'Appropriatness of services_S' .
```

```
EXECUTE .
```

Create MHSIP NOMS scales.

```
COMPUTE social_s = MEAN (q_34, q_35, q_36, q_37) .
VARIABLE LABELS social_s 'Social Connectedness-NOMS_S' .
```

```
COMPUTE function_s=MEAN (q_33).
VARIABLE LABELS function_s 'Functioning_S' .
```

```
EXECUTE .
```

Create MHSIP stigma scales.

```
COMPUTE stigma_s = MEAN (q_38, q_39, q_40, q_41, q_42) .
VARIABLE LABELS stigma_s 'Stigma_S' .
```

```
EXECUTE .
```

Create hours category variable.

```
COMPUTE Hours_cat=99.  
VARIABLE LABELS Hours_cat 'Outpatient service hours categories'.  
VALUE LABELS Hours_cat 1 'Less than 1 hour' 2 '1 to 5 hours' 3 '5 to 25 hours' 4 '25 to 50  
hours' 5 '50 hours or more'.  
If (Sum_SVC_H < 1) Hours_cat=1.  
If (Sum_SVC_H >= 1 and Sum_SVC_H < 5) Hours_cat=2.  
If (Sum_SVC_H >= 5 and Sum_SVC_H < 25) Hours_cat=3.  
If (Sum_SVC_H >= 25 and Sum_SVC_H < 50) Hours_cat=4.  
If (Sum_SVC_H >= 50) Hours_cat=5.  
MISSING VALUES Hours_cat (99).
```

```
EXECUTE.
```

Create age category variable.

```
COMPUTE age_cat99_MIS=99.  
VARIABLE LABELS age_cat99_MIS 'Age Categories'.  
VALUE LABELS age_cat99_MIS 1 'Under 6' 2 '6 through 13' 3 '14 through 15' 4 '16 through  
17' 5 '18 and Over'.  
If (Client_Age_Mis < 6) age_cat99_MIS=1.  
If (Client_Age_Mis >= 6 and Client_Age_Mis < 13) age_cat99_MIS=2.  
If (Client_Age_Mis >= 13 and Client_Age_Mis < 16) age_cat99_MIS=3.  
If (Client_Age_Mis >= 16 and Client_Age_Mis < 18) age_cat99_MIS=4.  
If (Client_Age_Mis >= 18) age_cat99_MIS=5.  
MISSING VALUES age_cat99_MIS (99).
```

```
EXECUTE.
```


APPENDIX D

Letters and Administrative Materials



The Washington Institute
9601 Steilacoom Boulevard SW
Tacoma, Washington 98498-7213

March 9, 2013

WE NEED YOUR HELP!

«GivenName»«Surname»

«street2»

«city», «state»«zip»

(«home_area_code») «home_phone_dash»

Surveyors from the University of Washington have been asked by the Division of Behavioral Health and Recovery of the Department of Social and Health Services to talk with you about the mental health services your child received. We would like to talk to you over the telephone.

We want to interview you to better understand the needs and opinions of families with children who receive mental health services. What you say to us may help the Division of Behavioral Health and Recovery improve services. Since we cannot talk with all the families who use mental health services in Washington, we have selected a small group of people to talk to. Your child's name was chosen completely by chance. The survey should take about 15 minutes.

One of our telephone interviewers will call you over the next few days and remind you that we sent this purple colored letter. That's how you will know it is one of our interviewers who is calling. If our interviewer calls at an inconvenient time, ask them to call back later. If you have any special needs that make a telephone interview difficult, let your interviewer know and we will make special arrangements. *If the telephone number shown under your child's name above is not correct, please call toll-free to the number provided in the box below and give us your current telephone number.* You may also call this number if you have any questions or comments. What you have to say is important to us.

You don't have to take part in the survey if you don't want to, but we hope you do. If you don't wish to participate, just call the number in the box below and tell them or tell the interviewer when they call. Nothing will happen to you or your child if you decide not to take part. You and your child will still get all the services and benefits that you currently receive. You may also stop the interview at any time and not answer any questions that you do not want to answer. Finally, and most importantly, the information you give us during the interview is confidential and will not be shared with your child's service provider by name.

Thanks for Your Help,


Dr. Dennis McBride
Project Director

Is this your correct phone Number? («home_area_code») «home_phone_dash»

Please call us **toll-free 1-866-538-7611** with any questions or to ask that we not include you in our survey. When calling, please use the following number, so that we can access your record quickly: **«PID»**

¡ESPAÑOL AL REVÉS!



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Division of Behavioral Health & Recovery • PO Box 45320 • Olympia WA 98504-5320 • FAX (360) 902-7691

¡NECESITAMOS SU AYUDA!

La División del Centro de Salud del Comportamiento y Recuperación del Departamento de Servicios Sociales y de Salud le ha pedido a los investigadores de la Universidad de Washington que hable con usted acerca de los servicios de salud mental que su niño ha recibido. Nos gustaría hablar con usted por teléfono.

Queremos hacerle una entrevista a usted para poder entender mejor las necesidades y opiniones de las familias con niños que usan servicios de salud mental. Lo que usted nos diga puede ayudar que la División del Centro de Salud del Comportamiento y Recuperación mejore sus servicios. Cómo no podemos hablar con todas las familias que usan los servicios de salud mental en Washington, hemos seleccionado un grupo pequeño de personas para hablarles. Su nombre fue seleccionado completamente por azar. La encuesta tomará cómo 15 minutos.

Uno de nuestros entrevistadores de teléfono le llamará en las próximas semanas y le recordará que le mandamos esta carta en papel de color púrpura. Esa es la manera que va a saber que es uno de nuestros entrevistadores que esta llamando. Si nuestro entrevistador llama en una hora que no sea conveniente, pídale que llame más tarde. Si tiene cualquier necesidad especial que hará difícil una entrevista por teléfono, díglele a su entrevistador y haremos arreglos especiales. *Si el número de teléfono mostrado abajo de su nombre al otro lado de esta carta no está correcto, por favor llámenos gratis al número 1-866-538-7611 para darnos el número correcto.* También puede llamar a este número si tiene cualquier pregunta o comentario. Lo que usted nos diga es importante.

No tiene que tomar parte de la encuesta si no lo desea pero esperamos que lo quiera hacer. Si no desea participar, llame al número 1-866-538-7611 y díglele a la persona que conteste o al entrevistador cuando llame. Nada le pasará si decide no participar. Todavía recibirá todos los servicios y beneficios que recibe actualmente. También puede parar la entrevista en cualquier momento y no contestar cualquier pregunta que no desea contestar.

La información que usted nos dé durante la entrevista es confidencial y no se compartirá con su proveedor de servicios ni con cualquier otra persona por nombre.

Gracias por su ayuda,


Dr. Dennis McBride
Project Director

D-3

ENGLISH ON REVERSE!



The Washington Institute
9601 Steilacoom Boulevard SW
Tacoma, Washington 98498-7213

March 9, 2013

WE NEED YOUR HELP!

«GivenName»«Surname»
«street2»
«city», «state»«zip»

(«home_area_code») «home_phone_dash»

Surveyors from the University of Washington have been asked by the Division of Behavioral Health and Recovery of the Department of Social and Health Services to talk with you about the mental health services you receive. We would like to talk to you over the telephone.

We want to interview you to better understand the needs and opinions of the mental health consumer. What you say to us may help the Division of Behavioral Health and Recovery improve services. Since we cannot talk with everyone who uses mental health services in Washington, we have selected a small group of people to talk to. Your name was chosen completely by chance. The survey should take about 15 minutes.

One of our telephone interviewers will call you over the next few days and remind you that we sent this green colored letter. That's how you will know it is one of our interviewers who is calling. If our interviewer calls at an inconvenient time, ask them to call back later. If you have any special needs that make a telephone interview difficult, let your interviewer know and we will make special arrangements. *If the telephone number shown under your name above is not correct, please call toll-free to the number provided in the box below and give us your current telephone number.* You may also call this number if you have any questions or comments. What you have to say is important to us.

You don't have to take part in the survey if you don't want to, but we hope you do. If you don't wish to participate, just call the number in the box below and tell them or tell the interviewer when they call. Nothing will happen to you if you decide not to take part. You will still get all the services and benefits that you currently receive. You may also stop the interview at any time and not answer any questions that you do not want to answer. Finally, and most importantly, the information you give us during the interview is confidential and will not be shared with your service provider by name.

Thanks for Your Help.


Dr. Dennis McBride
Project Director

Is this your correct phone Number? («home_area_code») «home_phone_dash»

Please call us **toll-free 1-866-538-7611** with any questions or to ask that we not include you in our survey. When calling, please use the following number, so that we can access your record quickly: **«PID»**

¡ESPAÑOL AL REVÉS!



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Division of Behavioral Health & Recovery • PO Box 45320 • Olympia WA 98504-5320 • FAX (360) 902-7691

¡NECESITAMOS SU AYUDA!

La División del Centro de Salud del Comportamiento y Recuperación del Departamento de Servicios Sociales y de Salud le ha pedido a los investigadores de la Universidad de Washington que hable con usted acerca de los servicios de salud mental que ha recibido. Nos gustaría hablar con usted por teléfono.

Queremos hacerle una entrevista a usted para poder entender mejor las necesidades y opiniones de las personas que usan servicios de salud mental. Lo que usted nos diga puede ayudar que la División del Centro de Salud del Comportamiento y Recuperación mejore sus servicios. Cómo no podemos hablar con todas las personas que usan los servicios de salud mental en Washington, hemos seleccionado un grupo pequeño de personas para hablarles. Su nombre fue seleccionado completamente por azar. La encuesta tomará cómo 15 minutos.

Uno de nuestros entrevistadores de teléfono le llamará en las próximas semanas y le recordará que le mandamos esta carta en papel de color verde. Esa es la manera que va a saber que es uno de nuestros entrevistadores que esta llamando. Si nuestro entrevistador llama en una hora que no sea conveniente, pídale que llame más tarde. Si tiene cualquier necesidad especial que hará difícil una entrevista por teléfono, díglele a su entrevistador y haremos arreglos especiales. *Si el número de teléfono mostrado abajo de su nombre al otro lado de esta carta no está correcto, por favor llámenos gratis al número 1-866-538-7611 para darnos el número correcto.* También puede llamar a este número si tiene cualquier pregunta o comentario. Lo que usted nos diga es importante.

No tiene que tomar parte de la encuesta si no lo desea pero esperamos que lo quiera hacer. Si no desea participar, llame al número 1-866-538-7611 y díglele a la persona que conteste o al entrevistador cuando llame. Nada le pasará si decide no participar. Todavía recibirá todos los servicios y beneficios que recibe actualmente. También puede parar la entrevista en cualquier momento y no contestar cualquier pregunta que no desea contestar.

La información que usted nos dé durante la entrevista es confidencial y no se compartirá con su proveedor de servicios ni con cualquier otra persona por nombre.

Gracias por su ayuda,

ENGLISH ON REVERSE!


Dr. Dennis McBride
Project Director

Family Mail Survey Letter



University of Washington-WIMHRT
9601 Steilacoom Boulevard SW
Tacoma, Washington 98498-7213

Date

Hello Primary Caregiver of [Respondent's Name],

You are receiving this packet because of your recent request during our last telephone conversation. Enclosed you will find the Consumer Satisfaction Survey and a stamped pre-addressed envelope for you to return your completed survey. The purpose of the survey is to better understand the needs and opinions of the people who use state-funded mental health services. Your feedback about *your child's* experiences may help the Division of Behavior Health and Recovery improve the services *your child* and others receive.

We want to remind you that the survey is completely voluntary. For this survey, you will answer the items on behalf of *your child*. The survey asks about *your child's* experiences with his or her mental health service provider(s), educational and criminal history, medical checkup/insurance status, as well as demographics (like gender, living situation, and ethnicity).

The information that you provide will be confidential (private) and will not be shared with anyone. Only the survey team at the University of Washington will see the information about your child. Information that could identify your child will be destroyed. Your answers won't have anything to do with the services your child has the right to receive.

We greatly appreciate your time and feedback, and we want to thank you for your cooperation and willingness to share. If you have questions, please contact me at 1-866-538-7611.

Sincerely,

Nicole Suazo
Research Coordinator

Youth Mail Survey Letter



University of Washington-WIMHRT
9601 Steilacoom Boulevard SW
Tacoma, Washington 98498-7213

Date

Hello [Respondent's Name],

You are receiving this packet because of your recent request during our last telephone conversation. Enclosed you will find the Consumer Satisfaction Survey and a stamped pre-addressed envelope for you to return your completed survey. The purpose of the survey is to better understand the needs and opinions of the people who use state-funded mental health services. Your feedback may help the Division of Behavior Health and Recovery improve the services you and others receive.

We want to remind you that the survey is completely voluntary. The survey asks about your experiences with your mental health service provider(s), educational and criminal history, employment, medical checkup/insurance status, as well as demographics (like gender, living situation, and ethnicity).

The information that you provide will be confidential (private) and will not be shared with anyone. Only the survey team at the University of Washington will see the information about you. Information that could identify you will be destroyed. Your answers won't have anything to do with the services you have the right to receive.

We greatly appreciate your time and feedback, and we want to thank you for your cooperation and willingness to share. If you have questions, please contact me at 1-866-538-7611.

Sincerely,

Nicole Suazo
Research Coordinator

Pledge of Confidentiality

The Washington Institute for Mental Health Research and Training promises respondents that data will be kept completely confidential. We feel this obligation strongly and ask that all of our employees read the Statement of Professional Ethics and sign a Pledge of Confidentiality. Please read the statement on the back of this page carefully and sign this sheet to indicate that you understand and pledge to uphold The Washington Institute's policy of confidentiality.

Please sign your name and the date and print your name on the lines below.

Signature _____ Date _____

(PLEASE PRINT) _____
First Name Middle Initial Last Name

(The above was adapted, with verbal permission, from The Social and Economic Sciences Research Center, Washington State University.)

Statement of Professional Ethics

All interviewers and other employees of The Washington Institute for Mental Health Research and Training are expected to understand that their professional activities are directed and regulated by the following statements of policy.

The Washington Institute for Mental Health Research and Training Obligations

The rights of human subjects are a matter of primary concern to The Washington Institute. All study procedures are reviewed to ensure that individual respondents are protected at each stage of research. While it is The Washington Institute's policy to disseminate research results, the utmost care is taken to ensure that no data are released that would permit any respondent to be identified. All information that links a specific respondent to a particular interview is separated from the interview and put into special, secure files as soon as the interview is received and logged in. The interviews themselves are identified only by numbers.

Interviewer Obligations

The only acceptable role for an interviewer is that of a professional researcher. To depart from this role may introduce bias and compromise research objectives. In no case is an interviewer to attempt to counsel a respondent or sell any good or services to a respondent or enter into any but a professional relationship with a respondent. If asked for help by a respondent, interviewers must limit themselves to providing the names of regular, recognized agencies and are to do this only when such information or help is specifically requested by the respondent. By the same token, no interviewer should ever ask for advice or counseling from a respondent or in any way exploit the research situation for personal advantage.

The respondent protection procedures observed by The Washington Institute will be undermined if interviewers do not maintain professional ethical standards of confidentiality regarding what they learn from or about respondents. All information obtained during the course of the research which concerns respondents, their families, or the organizations they represent, is privileged information whether it relates to the interview itself or is extraneous information learned by interviewers during the performance of their work.

We have an obligation to respondents to keep their interviews confidential. We feel very strongly that this obligation should be honored. Therefore, please do not tell anyone the substance of any interview or part of an interview, no matter how fascinating or interesting it was. Also, please avoid giving your own summary of findings. Just because 90% of your respondents feel a certain way does not mean that 90% of everyone else feels the same way. Confidentiality is essential. Please help us maintain the reputation we have established for protecting anonymity of respondents, and honestly analyzing and reporting data.

(The above was adapted, with verbal permission, from The Social and Economic Sciences Research Center, Washington State University.)

DSHS Non-Disclosure Agreement

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
ECONOMIC SERVICES ADMINISTRATION
NOTICE OF NONDISCLOSURE FORM

As an employee of **WIMHRT**, which is doing business with the Washington State Department of Social and Health Services (DSHS), Economic Services Administration (ESA) under Contract No. 0791-15865, you may be given access to DSHS/ESA records and information that are deemed private and confidential by statute.

A. CONFIDENTIALITY OF INDIVIDUALLY IDENTIFIABLE DATA

1. Individually identifiable data is confidential and is protected by various state and federal laws (e.g. Chapter 42.56 RCW, Chapter 70.02 RCW and RCW 74.04.060).
2. Confidential data includes all personal information (e.g., name, birth date, social security number) which may, in any manner, identify the individual.

B. USE OF CONFIDENTIAL DATA

1. Any personal use of confidential data is strictly prohibited.
2. Access to data must be limited to those staff whose duties specifically require access to such data in the performance of their assigned duties.

I have read and understand the above Notice of Nondisclosure.

Printed Name

Position

Signature

Date

Telephone Number/e-mail address

(KEEP ORIGINAL FOR YOUR FILE)

APPENDIX E

Survey Instrument and Telephone Scripts

Adapted from the Mental Health Statistics Improvement Project (MHSIP)

Family Mail Survey**PID****STATE OF WASHINGTON*****DEPARTMENT OF SOCIAL AND HEALTH SERVICES***

Division of Behavioral Health & Recovery
PO Box 45330 • Olympia WA 98504-5330
Fax: 360-725-2279 • Phone: 1-877-301-4557

Welcome to the Consumer Satisfaction Survey!

This survey is completely voluntary. For most items, you will select a response by circling or checking the best or most appropriate response for your child. In some cases, you may have to provide an answer by writing in a response.

The information you provide will be kept confidential (private). Only the survey team at the University of Washington will see any information about your child. Information that could identify your child will be destroyed and your answers are reported in aggregate (group) form, so no one will see information that could identify your child. Your answers won't have anything to do with the services you or your family members have a right to receive.

What you have to say is important to us and will be used to make mental health services better. If you have any questions or need any assistance completing the survey, please contact us toll free at 1-866-538-7611.

Tips for completing the survey:

- If you do not want to answer a question, you may skip the question.
- DO NOT WRITE YOUR NAME on the survey.
- Please use a pen to complete the survey.
- To change an answer, put an X on the incorrect response and mark the correct answer

The following are statements that describe how some people might feel about their experiences after receiving mental health services.

After each statement, please indicate whether you

- o Strongly Disagree,
- o Disagree,
- o Are Undecided,
- o Agree, or
- o Strongly Agree

When you think about your child's experience with their mental health service provider agency, please *consider just the past year*.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Don't Know
1. Overall, I am satisfied with the services my child received.	1	2	3	4	5	6
2. I helped to choose my child's services.	1	2	3	4	5	6
3. I helped to choose my child's treatment goals.	1	2	3	4	5	6
4. The people helping my child stuck with him/her no matter what.	1	2	3	4	5	6
5. I felt my child had someone to talk to when he/she was troubled.	1	2	3	4	5	6
6. The people helping my child listened to what he/she had to say.	1	2	3	4	5	6
7. I was actively involved in my child's treatment.	1	2	3	4	5	6
8. The services my child and/or family received were right for us.	1	2	3	4	5	6
9. The location of services was convenient for us.	1	2	3	4	5	6

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Don't Know
10. Services were available at times that were convenient for us.	1	2	3	4	5	6
11. If I need services for my child in the future, I would use these services again.	1	2	3	4	5	6
12. My family got the help we wanted for my child.	1	2	3	4	5	6
13. My family got as much help as we needed for my child.	1	2	3	4	5	6
14. My child and family's needs determined my child's treatment goals.	1	2	3	4	5	6
15. Staff treated me and my child with respect.	1	2	3	4	5	6
16. Staff understood my family's cultural traditions.	1	2	3	4	5	6
17. Staff respected my family's religious/spiritual beliefs.	1	2	3	4	5	6
18. Staff spoke with me and my child in a way that we understood.	1	2	3	4	5	6
19. Staff were sensitive to our cultural/ethnic background.	1	2	3	4	5	6
20. We felt discriminated against while trying to get services.	1	2	3	4	5	6
21. As a result of the services my child or my family received, my child is better at handling daily life.	1	2	3	4	5	6
22. As a result of the services my child or my family received, my child gets along better with family members.	1	2	3	4	5	6

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Don't Know
23. As a result of the services my child or my family received, my child gets along better with friends and other people.	1	2	3	4	5	6
24. As a result of the services my child or my family received, my child is doing better in school and/or work.	1	2	3	4	5	6
25. As a result of the services my child or my family received, my child is better able to cope when things go wrong.	1	2	3	4	5	6
26. As a result of the services my child or my family received, I am satisfied with our family life right now.	1	2	3	4	5	6
27. My child is better able to do things he or she wants to do.	1	2	3	4	5	6
28. I know people who will listen and understand me when I need to talk.	1	2	3	4	5	6
29. I have people that I am comfortable talking with about my child's problems.	1	2	3	4	5	6
30. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	6
31. I have people with whom I can do enjoyable things.	1	2	3	4	5	6

Continue on to page 5.

Now, we would like to ask you some questions about other child-serving agencies that your child may be involved with. We are talking about all social service agencies (not just mental health) that provide support to children and their families (such as developmental disabilities, special education, juvenile justice, chemical dependency, and child welfare services).

Q32: Is your child involved with more than one child-serving agency?

- ____ 1. Yes (Go to Q32a)
- ____ 2. No (Skip to Q33)
- ____ 3. Don't know (Skip to Q33)

Q32a. If yes, how well do you think these agencies are working together to meet your child's needs?

- ____ 1. Very well
- ____ 2. Mostly well
- ____ 3. Not well
- ____ 4. Not very well
- ____ 5. Don't know

Q33: Does your child have a "Child and Family Team"? (This is a team that works with you and your child to carry out your child's treatment plan.)

- ____ 1. Yes (Go to Q33a)
- ____ 2. No (Skip to Q34)
- ____ 3. Don't know (Skip to Q34)

Q33a. If yes, how satisfied are you with the team?

- ____ 1. Very satisfied
- ____ 2. Mostly satisfied
- ____ 3. Dissatisfied
- ____ 4. Very dissatisfied
- ____ 5. No Opinion

Next are some questions about your child. Please be assured that the responses you give to these questions will only be used when comparing the responses of all of the people we interview, not to identify your child specifically.

Your individual responses will be kept strictly confidential.

Q34: Is your child female or male?

____ 1. Female

____ 2. Male

Q35: What is your child's birth date? Please fill in the box with the number value for your child's month, day, and year.

For example, January 1, 1999 would be

--	--	--

Month Day Year

1	1	1999
---	---	------

Month Day Year

Q36: Is your child of Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected)

____ 1. No, not of Hispanic, Latino/a, or Spanish origin

____ 2. Yes, Mexican, Mexican American, Chicano/a

____ 3. Yes, Puerto Rican

____ 4. Yes, Cuban

____ 5. Yes, another Hispanic, Latino, or Spanish origin, please

specify: _____

Q37: What is the race or ethnic group of your child?

____ 1. Native American or Alaskan Native

____ 5. White, non-Hispanic

____ 2. Asian or Oriental

____ 6. Pacific Islander

____ 3. African American or Black

____ 4. Hispanic or Latino

____ 7. Some other race or ethnic group, please

specify: _____

Q38: Was your child expelled or suspended during the past 12 months?

- ____ 1. Yes
- ____ 2. No
- ____ 3. Don't Know

Q39: Was your child expelled or suspended during the 12 months prior to that?

- ____ 1. Yes
- ____ 2. No
- ____ 3. Don't Know

Q40: Over the last year, the number of days my child was in school compared to the previous year is:

- ____ 1. Greater
- ____ 2. About the same
- ____ 3. Less
- ____ 4. Does not apply (please select why this does not apply)
 - ____ a. child did not have a problem with attendance before starting services
 - ____ b. child is too young to be in school
 - ____ c. child was expelled from school
 - ____ d. child is home schooled
 - ____ e. child dropped out of school
 - ____ f. other, please

specify: _____

- ____ 5. Don't Know

Q41: Is your child currently in school?

- ____ 1. Yes (Go to Q42)
- ____ 2. No (Skip to Q43)

Q42: What grade is your child in?

_____ grade

Q43: What is the highest grade that your child has completed?

_____ grade

Q44: In your child's current/last year in school, what grades does he/she mostly get?

- | | |
|---------------------|--------------------------------|
| _____ 1. Mostly A's | _____ 6. Pass (satisfactory) |
| _____ 2. Mostly B's | _____ 7. Fail (unsatisfactory) |
| _____ 3. Mostly C's | _____ 8. Other, specify |

_____ 4. Mostly D's

_____ 5. Mostly F's

Q45: Who is your child living with?

- _____ 1. With one parent (include step parent)
- _____ 2. With both parents (include step parent)
- _____ 3. With another family member (not parent(s)).
- _____ 4. Foster home
- _____ 5. Therapeutic foster home
- _____ 6. Crisis shelter
- _____ 7. Homeless shelter
- _____ 8. Group home
- _____ 9. Residential treatment center
- _____ 10. Hospital
- _____ 11. Local jail or detention facility
- _____ 12. State correctional facility
- _____ 13. Runaway/homeless
- _____ 14. Someone other than above, please

specify: _____

Q46: In the last year, did your child see a medical doctor (or nurse) for a health check up or because he/she was sick?

____ 1. Yes

____ 2. No

Q47: Is your child on medication for emotional/behavioral problems?

____ 1. Yes

____ 2. No

Q48: Do you have Medicaid insurance?

____ 1. Yes

____ 2. No

Q49: Was your child arrested during the past 12 months?

____ 1. Yes

____ 2. No

Q50: Was your child arrested the 12 months prior to that?

____ 1. Yes

____ 2. No

Q51: Over the last year, have your child's encounters with police . . .

____ 1. been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program).

____ 2. stayed the same

____ 3. Increased

____ 4. not applicable (they had no police encounters this year or last year).

____ 5. Don't Know

These last three questions ask you to comment on what you liked least and liked most about the services your child received. Please write your comments to each item within the lines below.

Q52: What two things do you like the MOST about the mental health services your child received?

Q53: What two things do you like the LEAST about the mental health services your child received?

Continue to page 11

Q54: Do you have any other comments you would like to add?

(i) You have finished the survey.

Please place the completed survey in the provided stamped pre-addressed envelope & mail
by May 15, 2014.
Thank You!

Youth Mail Survey**PID****STATE OF WASHINGTON***DEPARTMENT OF SOCIAL AND HEALTH SERVICES*

Division of Behavioral Health & Recovery
PO Box 45330 • Olympia WA 98504-5330
Fax: 360-725-2279 • Phone: 1-877-301-4557

Welcome to the Washington State Consumer Satisfaction Survey!

This survey is completely voluntary. For most items, you will select a response by circling or checking the best or most appropriate response for you. In some cases, you may have to provide your own answer by writing in a response.

The information you provide will be kept confidential (private). Only the survey team at the University of Washington will see any information about you. Information that could identify you will be destroyed and your answers are reported in aggregate (group) form, so no one will see information that could identify you. Your answers won't have anything to do with the services you or your family members have a right to receive.

What you have to say is important to us and will be used to make mental health services better. If you have any questions or need any assistance completing the survey, please contact us toll-free at 1-866-538-7611.

Tips for completing the survey:

- If you do not want to answer a question, you may skip over the question.
- DO NOT WRITE YOUR NAME on the survey.
- Please use a pen to complete the survey.
- To change an answer, put an X on the incorrect response and mark the correct answer.

The following are statements that describe how some people might feel about their experiences after receiving mental health services.

After each statement, please check whether you

- ☐ Strongly Disagree,
- ☐ Disagree,
- ☐ Are Undecided,
- ☐ Agree, or
- ☐ Strongly Agree

When you think about your experience with your mental health service provider agency, *please consider just the past year..*

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Don't Know
1. Overall, I am satisfied with the services I received.	1	2	3	4	5	6
2. I helped to choose my services.	1	2	3	4	5	6
3. I helped to choose my treatment goals.	1	2	3	4	5	6
4. The people helping me stuck with me no matter what.	1	2	3	4	5	6
5. I felt I had someone to talk to when I was troubled.	1	2	3	4	5	6
6. The people helping me listened to what I had to say.	1	2	3	4	5	6
7. I was actively involved in my treatment.	1	2	3	4	5	6
8. I received services that were right for me.	1	2	3	4	5	6
9. The location of services was convenient.	1	2	3	4	5	6

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Don't Know
10. Services were available at times that were convenient for me.	1	2	3	4	5	6
11. If I need services in the future, I would use these services again.	1	2	3	4	5	6
12. I got the help I wanted.	1	2	3	4	5	6
13. I got as much help as I needed.	1	2	3	4	5	6
14. I, not staff, decided my treatment goals.	1	2	3	4	5	6
15. Staff treated me with respect.	1	2	3	4	5	6
16. Staff understood my family's cultural traditions.	1	2	3	4	5	6
17. Staff respected my family's religious/spiritual beliefs.	1	2	3	4	5	6
18. Staff spoke with me in a way that I understood.	1	2	3	4	5	6
19. Staff were sensitive to my cultural/ethnic background.	1	2	3	4	5	6
20. I felt discriminated against while trying to get services there.	1	2	3	4	5	6

Continue to page 4

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Don't Know
21. As a result of the services I received, I am better at handling daily life.	1	2	3	4	5	6
22. As a result of the services I received, I get along better with family members.	1	2	3	4	5	6
23. As a result of the services I received, I get along better with friends and other people.	1	2	3	4	5	6
24. As a result of the services I received, I am doing better in school and/or work.	1	2	3	4	5	6
25. As a result of the services I received, I am better able to cope when things go wrong.	1	2	3	4	5	6
26. As a result of the services I received, I am satisfied with our family life right now.	1	2	3	4	5	6
27. I am better able to do things that I want to do.	1	2	3	4	5	6
28. I know people who will listen and understand me when I need to talk.	1	2	3	4	5	6
29. I have people that I am comfortable talking with about my problems.	1	2	3	4	5	6
30. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	6
31. I have people with whom I can do enjoyable things.	1	2	3	4	5	6

Continue to page 5

Please read each of the following statements. Choose the response that best represents your situation in the last year.

We are going to use the term ‘mental illness’ in the rest of this questionnaire, but please think of it as whatever you feel is the best term for it.

After each statement, please check whether you:

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly Agree

If the statement is about something you did not experience, choose “Does not apply to me”

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Does Not Apply to Me
32. People discriminate against me because I have a mental illness.	1	2	4	5	6	7
33. Others think I can't achieve much in life because I have a mental illness.	1	2	4	5	6	7
34. People ignore me or take me less seriously just because I have a mental illness.	1	2	4	5	6	7
35. People often patronize me, or treat me like a child, just because I have a mental illness.	1	2	4	5	6	7
36. Nobody would be interested in getting close to me because I have a mental illness.	1	2	4	5	6	7

Continue to page 6

Now, we would like to ask you some questions about other service agencies that you may be involved with. We are talking about all social service agencies (not just mental health) that provide support to youth and their families (such as developmental disabilities, special education, juvenile justice, chemical dependency, and child welfare services).

Q37: Are you involved with more than one social service agency?

- ____ 1. Yes (Go to Q37a)
- ____ 2. No (Skip to Q38)
- ____ 3. Don't know (Skip to Q38)

Q37a. If yes, how well do you think these agencies are working together to meet your needs?

- ____ 1. Very well
- ____ 2. Mostly well
- ____ 3. Not well
- ____ 4. Not very well
- ____ 5. Don't know

Q38: Do you have a "Child and Family Team"? (This is a team that works with you and your family/parents/caregiver to carry out your treatment plan.)

- ____ 1. Yes (Go to Q38a)
- ____ 2. No (Skip to Q39)
- ____ 3. Don't know (Skip to Q39)

Q38a. If yes, how satisfied are you with the team?

- ____ 1. Very satisfied
- ____ 2. Mostly satisfied
- ____ 3. Dissatisfied
- ____ 4. Very dissatisfied
- ____ 5. No Opinion

Next, are some questions about you. Please be assured that the responses you give to these questions will only be used when comparing the responses of all of the people we interview, not to identify you specifically.

Your individual responses will be kept strictly confidential.

Q39: Are you?

_____ 1. Female

_____ 2. Male

Q40: What is your birth date? Please fill in the box with the number value for your month, day, and year.

For example January 1, 1985 would be:

--	--	--

Month Day Year

1	1	1985
---	---	------

1) Q41: Are you Hispanic, Latino/a or Spanish origin? (One or more categories may be selected)

_____ 1. No, not of Hispanic, Latino/a, or Spanish origin

_____ 2. Yes, Mexican, Mexican American, Chicano/a

_____ 3. Yes, Puerto Rican

_____ 4. Yes, Cuban

_____ 5. Yes, another Hispanic, Latino, or Spanish origin. please specify: _____

Continue to page 7

Q42: What is your race or ethnic group?

- _____ 1. Native American or Alaskan Native
- _____ 2. Asian or Oriental
- _____ 3. African American or Black
- _____ 4. Hispanic or Latino
- _____ 5. White, non-Hispanic
- _____ 6. Pacific Islander
- _____ 7. Some other race or ethnic group, please
specify: _____

Q43: Were you expelled or suspended during the past 12 months?

- _____ 1. Yes
- _____ 2. No

Q44: Were you expelled or suspended during the 12 months prior to that?

- _____ 1. Yes
- _____ 2. No

Continue to page 8

Q45: Over the last year, the number of days you were in school compared to last year is

_____ 1. Greater

_____ 2. About the same

_____ 3. Less

_____ 4. Does not apply (please select why this does not apply):

1. _____ I did not have a problem with attendance before starting services

2. _____ I have graduated from high school

3. _____ I was expelled from school

4. _____ I am home schooled

5. _____ I dropped out of school

6. _____ Other, please
specify _____

Q46: Are you currently in school?

_____ 1. Yes

_____ 2. No

Q47: What grade are you in, in school?

_____ grade

Q48: What was the highest grade that you completed?

_____ grade

Q49: In your current/last year in school, how were your grades?

Would you say they were ...

- | | |
|---------------------|--------------------------------|
| _____ 1. Mostly A's | _____ 6. Pass (satisfactory) |
| _____ 2. Mostly B's | _____ 7. Fail (unsatisfactory) |
| _____ 3. Mostly C's | _____ 8. Other, please |
| specify _____ | |
| _____ 4. Mostly D's | |
| _____ 5. Mostly F's | |

Q50: Who are you living with now?

- _____ 1. With one parent (include step parent)
- _____ 2. With both parents (include step parent)
- _____ 3. With another family member (not parent (s))
- _____ 4. Foster home
- _____ 5. Therapeutic foster home
- _____ 6. Crisis shelter
- _____ 7. Homeless shelter
- _____ 8. Group home
- _____ 9. Residential treatment center
- _____ 10. Hospital
- _____ 11. Local jail or detention facility
- _____ 12. State correctional facility
- _____ 13. Runaway/homeless
- _____ 14. Someone other than above

Q51: In the last year, did you see a medical doctor (nurse) for a health check up or because you were sick?

____ 1. Yes

____ 2. No

Q52: Are you on medication for emotional/behavioral problems?

____ 1. Yes

____ 2. No

Q53: Which of the following best describes your marital status?
Are you ...

____ 1. Separated

____ 2. Divorced

____ 3. Widowed

____ 4. Single, Never married

____ 5. Married

____ 6. Domestic Partnership

Q54: Do you have Medicaid insurance?

____ 1. Yes

____ 2. No

____ 3. Don't Know

Q55: Were you arrested during the past 12 months?

____ 1. Yes

____ 2. No

Q56: Were you arrested the 12 months prior to that?

____ 1. Yes

____ 2. No

Q57: Over the last year, have your encounters with police . . .

- _____ 1. Been reduced (for example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program).
- _____ 2. Stayed the same
- _____ 3. Increased
- _____ 4. Not applicable (you had no police encounters this year or last year).

The last three questions ask you to comment on what you liked least and liked most about the services you received. Please write your comments to each item within the lines below.

Q58: What two things do you like the MOST about the mental health services you received?

Q59: What two things do you like the LEAST about the mental health services you received?

Q60: Do you have any other comments you would like to make?

(ii) You have finished the survey.

Please place the completed survey in the provided stamped pre-addressed envelope &
mail by May 15, 2014.
Thank You!

Answering Machine Script

Hello, my name is [Your First Name]. I am calling from the University of Washington. We are trying to contact [Respondent's Name or Primary Caregiver of Respondent's Name] about an important study. Please call us toll free at 1-866-538-7611 to let us know when would be the best time to call.

When you call, please say that you are calling about the "[Adult/Youth/Family] Consumer Study". Also, please be sure to leave your PID number so we can quickly return your call.

If we have reached an incorrect phone number for [Respondent's Name or Primary Caregiver of Respondent's Name], please call us toll free at 1-866-538-7611 to leave us your phone number so that we know we have the wrong number and we won't try to contact your number again.

Thanks for your time.

How Did You Get My Number? or How Do You Know I Received Services?

IF TALKING TO THE RESPONDENT or PRIMARY CAREGIVER (FAMILY):

The Division of Behavioral Health and Recovery gave us (University of Washington) all the names and phone numbers of persons who have received publicly funded mental health services in Washington State. Your name was picked at random to participate in this survey to help evaluate the mental health system. The purpose of the survey is to improve mental health services in Washington State and the only way to do that is to call the persons who have received mental health services to get their opinions.

The information we collect about you is kept completely confidential (private), and all data are reported in aggregate (group) form, so after this call, no one will see information that can identify you, like your name, address, or service history.

IF TALKING TO SOMEONE OTHER THAN THE RESPONDENT:

The DSHS gave us (University of Washington) all names and phone numbers of persons who may have received publicly funded services in Washington State. [Respondent's Name] was picked at random to participate in this survey to help evaluate the system. The purpose of this survey is to improve services offered in Washington State and the only way to do that is to call the persons who may have received services and get their opinions.

The information we collect is kept completely confidential (private), and all data are reported in aggregate (group) form, so after this call, no one will see information that can identify [Respondent's Name].

2014 Child/Family Consumer Survey Script

The FCS Telephone Survey Script is formatted for CATI Lab use.

C: (pre-question section)

C: (pre-question section)

CATI ON

C: (pre-question section)

DEFFONT "Courier" 3

COLOR ORANGE ON BLACK 1 1 200 200

HELP F1 122 5 5 24 79

MACRO ENGLISH

LANG = 1

REASK

ENDMACRO

MACRO SPANISH

LANG = 2

REASK

ENDMACRO

ONKEY CtrlE ENGLISH

ONKEY CtrlS SPANISH

Q: HELLO

T: 5 5 1

Hello, my name is [INTERVIEWER NAME] and I'm calling from The University of Washington.[How are you?] May I speak to the primary caregiver of [Child's Name]?

The reason I am calling is that we have been asked by the Division of Behavioral Health and Recovery to talk with people about the mental health services their child received. Your child's name was picked at random from a list of people whose children received mental health services within the last year.

INTERVIEWER:

Press 1 then "Next" to Continue

F1 for Answering Machine Script

Ctrl-End to Terminate

T: 15 5 1

Hello, my name is [Interviewer Name] and I am calling from the University of Washington. May I speak to the primary caregiver of [Child's Name]? We called a few days ago about the Children's Survey,

is now a good time to complete the survey?

INTERVIEWER: Press 1 then "Next" to Continue
Ctrl/End to Terminate
F1 for Answering Machine Script

H:
ANSWERING MACHINE SCRIPT IN ENGLISH

Hello, my name is: _____. I am calling from the University of Washington. We are trying to contact the primary caregiver of [Respondent's Name] about an important study. Please call us toll free at 1-866-538-7611 to let us know when would be the best time to call. When you call, please say that you are calling about the "Children's Survey, ID Number [PID Number]." When calling back please be sure and leave your ID Number so that we can reach you.

If we have reached an incorrect phone number for [Respondent's Name] please call us toll free at 1-866-538-7611 and let us know that we have reached an incorrect number.

Thank you for your time.

ANSWERING MACHINE SCRIPT IN SPANISH

Hola, me llamo es: _____. Estoy llamando de la Universidad de Washington. Estamos tratando de comunicarnos con el guardian principal de [Nombre del Respondiente], acerca de un estudio importante. Por favor llamenos gratuitamente al 1-866-538-7611 para dejarnos saber cuando seria el mejor tiempo para llamar de nuevo. Cuando llame, porfavor diga que esta llamando sobre el "Estudio de Niño/as, con el numero de identificacion [numero de identificacion]."

Si nos hemos comunicado a un numero equivocado para [nombre del respondiente], porfavor llamenos a este mismo numero y dejenos saber que nos hemos equivocado.

Gracias por su tiempo.
ENDHELP

I:
COLOR RED ON BLACK 14 5 19 200
IF (LANG = 2)
CLEAR 5 5 25 200

SHOW "Hola, me llamo es [NOMBRE DE ENTREVISTADOR], y estoy llamando de la Universidad de " 5 5 100 YELLOW ON BLACK L
 SHOW "Washington. Puedo hablar por favor con el guardian principal de [nombre del niño]?" 6 5 100 YELLOW ON BLACK L
 SHOW "La razón que estoy llamando, es porque la Division de Salud Mental del Estado de " 8 5 100 YELLOW ON BLACK L
 SHOW "Washington nos ha pedido que hablemos con personas sobre los servicios de salud mental " 9 5 100 YELLOW ON BLACK L
 SHOW "que han recibido sus niños. El de su niño fue escogido al azar, de una lista de " 10 5 100 YELLOW ON BLACK L
 SHOW "personas quienes han recibido servicios de salud mental en los ultimos 9 meses." 11 5 100 YELLOW ON BLACK L
 SHOW "ENTREVISTADOR:" 14 5 100 RED ON BLACK L
 SHOW "Presione 1 entonces 'Next' para Continuar" 16 27 80 RED ON BLACK L
 SHOW "F1 para Manuscrito Para Maquina de Contestar" 17 15 80 RED ON BLACK L
 SHOW "Ctrl-End por terminar" 18 13 80 RED ON BLACK L
 ENDIF
 KEY 1 23 5

Q: CAREGIVE

T: 5 5 1

Can you tell me your relationship to the child?

T: 15 5 1

INTERVIEWER: Type Relationship and Press "Next" to Continue

I:

COLOR RED ON BLACK 15 5 15 200

IF (LANG = 2)

CLEAR 5 5 5 200

SHOW "Me puede decir su parentesco a [nombre del niño]?" 5 5 80 YELLOW ON BLACK L

CLEAR 15 5 15 200

SHOW "ENTREVISTADOR: Tipo la relación y presione 'Next' para continuar" 15 5 80 RED ON BLACK L

ENDIF

OPN 10 5 12 80 Mixed NOSROLL

Q: LETTER

T: 5 5 1

A purple colored letter was mailed to you recently describing the study.
 Do you remember receiving it?

T: 10 5 1

1. Yes

2. No

3. Don't Know

T: 15 5 1

INTERVIEWER: If No or Don't Know, Say:

It was a brief letter to let people know we would be calling.

It was sent just recently and may not have arrived yet.

I:

COLOR RED ON BLACK 15 5 18 200

IF (LANG = 2)

CLEAR 5 5 20 200

SHOW "Una carta en papel color púrpura se mandó a su familia recientemente" 5 5 80

YELLOW ON BLACK L

SHOW "describiendo este estudio. Recuerda haberla recibido?" 6 5 80 YELLOW ON BLACK

L

SHOW "1. Sí" 10 5 80 YELLOW ON BLACK L

SHOW "2. No" 11 5 80 YELLOW ON BLACK L

SHOW "3. No sabe" 12 5 80 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: Si no o no sabe, lea: 'Era una carta breve para dejarle saber que'"
15 5 80 RED ON BLACK LSHOW "hibamos a llamar. Se mando hace poco asi que quizas no les a llegado" 16 10 80
RED ON BLACK L

ENDIF

LOC 10 3 1 Natural

SEL 3 1 1 0 OFF ENTER

Q: EXPLAIN

T: 5 5 1

The questions we will ask are about your experiences with your child's mental health service provider [Provider Agency]. What you have to say is important to us and will be used to make mental health programs better.

T: 22 5 1

INTERVIEWER: Press 1 then "Next" to Continue

I:

COLOR RED ON BLACK 22 5 22 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Las preguntas de la entrevista son acerca de sus experiencias con su proveedor de"
5 5 85 YELLOW ON BLACK LSHOW "servicios de salud mental. Lo que usted tenga decir es muy importante para
nosotros" 6 5 85 YELLOW ON BLACK L

SHOW "y la información del estudio se usará para mejorar los programas de salud mental en el" 7 5 85 YELLOW ON BLACK L

SHOW "Estado de Washington." 8 5 80 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: Presione 1 entonces 'Next' para Continuar" 22 5 80 RED ON BLACK L

ENDIF

KEY 1 20 5

Q: EXPLAIN2

T: 5 5 1

This telephone interview is completely voluntary. The information you provide will be confidential (private). Only the surveyors at the University of Washington will see the information about your child. Information that could identify your child will be destroyed. Your answers won't have anything to do with the services your child has a right to receive.

T: 22 5 1

INTERVIEWER: Press 1 then "Next" to Continue

I:

COLOR RED ON BLACK 22 5 22 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Esta entrevista telefónica es completamente voluntaria. La información que" 7 5 85 YELLOW L

SHOW "usted provee será privada. Solo los investigadores de la Universidad de" 8 5 85 YELLOW L

SHOW "Washington verán la información sobre su niño. Información que pudiera" 9 5 85 YELLOW ON BLACK L

SHOW "identificarlo, será destruido. Sus respuestas no afectarán de ningún modo" 10 5 85 YELLOW ON BLACK L

SHOW "los servicios que su niño tiene el derecho de recibir." 11 5 85 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: Presione 1 entonces 'Next' para Continuar" 22 5 85 RED ON BLACK L

ENDIF

KEY 1 20 5

Q: EXPLAIN3

T: 5 5 1

The interview takes about 15 minutes. Do you have time to take the survey right now?

Parts of this interview may be monitored by my supervisor, to check my work. If I come to any question that you would prefer not to answer, just let me know and I will skip over it, OK?

T: 12 5 1

1. Yes

2. No, this is not a convenient time

[INTERVIEWER ASK: "When would be a good time to call back?"]

3. Unwilling to participate in the survey

[INTERVIEWER: Thank respondent for their time.]

I:

COLOR RED ON BLACK 15 5 15 200

COLOR RED ON BLACK 17 5 17 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "La entrevista se toma como 15 minutos. Mi supervisor quizás escuche partes de la"

5 5 85 YELLOW ON BLACK L

SHOW "entrevista para verificar mi trabajo. Si llego a una pregunta que usted prefiere" 6 5

85 YELLOW ON BLACK L

SHOW "no contestar, déjeme saber, y la pasaré por alto, está bien?" 7 5 85 YELLOW ON

BLACK L

SHOW "1. Sí" 12 5 80 YELLOW ON BLACK L

SHOW "2. No, no es un tiempo conviniente." 14 5 80 YELLOW ON BLACK L

SHOW "[ENTREVISTADOR: Cuando sería un mejor tiempo para llamare devuelta?]" 15 5

80 RED ON BLACK L

SHOW "3. No. (No están dispuestos a participar en la encuesta)." 16 5 100 YELLOW ON

BLACK L

SHOW "[ENTREVISTADOR: De gracias al respondiente por su tiempo]" 17 5 90 RED ON

BLACK L

ENDIF

LOC 12 3 2 Natural

SEL 3 1 1 0 OFF ENTER

IF (ANS = 2) ctrlend

SKP NOTQAL 3

QAL NOTQAL

Q: EXPLAIN4

T: 5 5 1

Great! I'm going to read you some statements that describe how some people might feel about their experiences after receiving mental health services.

After I read each statement, please tell me whether you

o Strongly Disagree,

o Disagree

o Are Undecided

o Agree, or

o Strongly Agree

that the statement reflects your experience. When you think about your experience, please consider just the past year. Okay?

T: 22 5 1

INTERVIEWER: Press 1 then "Next" to Continue

I:

NOBACK

COLOR RED ON BLACK 22 5 22 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Magnífico! Voy a leerle unas declaraciones que describen como algunas personas pueden" 5 5 100 YELLOW ON BLACK L

SHOW "sentirse acerca de sus experiencias después de haber recibido servicios de salud mental." 6 5 100 YELLOW ON BLACK L

SHOW "Después que lea cada declaración, por favor dígame si usted está:" 8 5 100 YELLOW ON BLACK L

SHOW "o Fuertemente en Desacuerdo (FD)" 10 5 100 YELLOW ON BLACK L

SHOW "o En Desacuerdo (D)" 11 5 100 YELLOW ON BLACK L

SHOW "o Indecisivo (I)" 12 5 100 YELLOW ON BLACK L

SHOW "o De Acuerdo (A)" 13 5 100 YELLOW ON BLACK L

SHOW "o Fuertemente de Acuerdo (FA)" 14 5 100 YELLOW ON BLACK L

SHOW "que la declaración refleja su experiencia. Cuando piense en su experiencia," 16 5 100 YELLOW ON BLACK L

SHOW "por favor solo considere los últimos 9 meses. Está bien?" 17 5 100 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: Presione 1 entonces 'Next' para Continuar" 22 5 100 RED ON BLACK L

ENDIF

KEY 1 20 5

Q: Q1

T: 5 5 1

Overall, I am satisfied with the services my child received.

T: 10 10 1

1. Strongly Disagree

2. Disagree

3. Undecided

4. Agree

5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Sobre todo, estoy satisfecha con los servicios que recibió mi niño." 5 5 80 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_7

Q: Q2

T: 5 5 1

While receiving mental health services...

I helped to choose my child's services.

T: 10 10 1

1. Strongly Disagree

2. Disagree

3. Undecided

4. Agree

5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibimos servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "Ayudé a escoger los servicios de mi niño." 7 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
 SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
 ENDIF
 LOC 10 5 1 Natural
 SEL 7 1 1 0 OFF ENTER Q_14

Q: Q3

T: 5 5 1

While receiving mental health services...

I helped to choose my child's treatment goals.

T: 10 10 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibimos servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "Ayudé a escoger las metas del tratamiento de mi niño." 7 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_15

Q: Q4

T: 5 5 1

While receiving mental health services...

the people helping my child stuck with him/her no matter what.

T: 10 10 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibimos servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "Las personas que estaban ayudando a mi niño lo apoyaron incondicionmente." 7 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_16

Q: Q5

T: 5 5 1

While receiving mental health services...

I felt my child had someone to talk to when he/she was troubled.

T: 10 10 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibimos servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "Sentí que mi niño tenía alguien con quien hablar cuando estaba frustrado." 7 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_17

Q: Q6

T: 5 5 1

While receiving mental health services...

the people helping my child listened to what he/she had to say.

T: 10 10 1

1. Strongly Disagree

2. Disagree

3. Undecided

4. Agree

5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibimos servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "Las personas ayudando a mi niño escuchaban lo que el tenía que decir." 7 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L
 SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L
 SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
 SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
 ENDIF
 LOC 10 5 1 Natural
 SEL 7 1 1 0 OFF ENTER Q_18

Q: Q7
 T: 5 5 1
 While receiving mental health services...

I was actively involved in my child's treatment.

T: 10 10 1
 1. Strongly Disagree
 2. Disagree
 3. Undecided
 4. Agree
 5. Strongly Agree

T: 10 50 1
 66. Don't Know
 99. Refused

I:
 IF (LANG = 2)
 CLEAR 5 5 25 200
 SHOW "Durante el tiempo que recibimos servicios de salud mental..." 5 5 100 YELLOW ON
 BLACK L
 SHOW "Estuve activamente envuelta en el tratamiento de mi niño." 7 5 100 YELLOW ON
 BLACK L
 SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L
 SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L
 SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L
 SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L
 SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L
 SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
 SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
 ENDIF
 LOC 10 5 1 Natural
 SEL 7 1 1 0 OFF ENTER Q_19

Q: Q8
 T: 5 5 1
 While receiving mental health services...

the services my child and/or family received were right for us.

T: 10 10 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibimos servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "Los servicios que mi niño y/o mi familia recibió fueron apropiados para nosotros." 7 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_20

Q: Q9

T: 5 5 1

While receiving mental health services...

the location of services was convenient for us.

T: 10 10 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibimos servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "La localidad de los servicios fue conviniente para nosotros." 7 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_21

Q: Q10

T: 5 5 1

While receiving mental health services...

services were available at times that were convenient for us.

T: 10 10 1

1. Strongly Disagree

2. Disagree

3. Undecided

4. Agree

5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibimos servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "Servicios estaban disponibles a horas que eran convinientes para nosotros." 7 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L
 SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L
 SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L
 SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L
 SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
 SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
 ENDIF
 LOC 10 5 1 Natural
 SEL 7 1 1 0 OFF ENTER Q_22

Q: Q11

T: 5 5 1

If I need services for my child in the future, I would use these services again.

T: 10 10 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Si necesito servicios para mi niño en el futuro, usaría estos servicios otra vez." 5 5
 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_23

Q: Q12

T: 5 5 1

My family got the help we wanted for my child.

T: 10 10 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Mi familia recibió la ayuda que queríamos para mi niño" 5 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_24

Q: Q13

T: 5 5 1

My family got as much help as we needed for my child.

T: 10 10 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Mi familia recibió bastante ayuda como necesitábamos para mi niño." 5 5 100
YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_25

Q: Q14

T: 5 5 1

My child and family's needs determined my child's treatment goals.

T: 10 10 1

1. Strongly Disagree

2. Disagree

3. Undecided

4. Agree

5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Lo que necesita mi familia ayuda desde el tratamiento " 5 5 100 YELLOW ON
BLACK L

SHOW "de mi niño." 6 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_26

Q: Q15

T: 5 5 1

Staff treated me and my child with respect.

T: 10 10 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "El personal nos trato a mi y a mi niño con respeto." 5 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_27

Q: Q16

T: 5 5 1

While receiving mental health services...

staff understood my family's cultural traditions.

T: 10 10 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibimos servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "El personal entendia las tradiciones culturales de mi familia." 7 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_28

Q: Q17

T: 5 5 1

While receiving mental health services...

staff respected my family's religious/spiritual beliefs.

T: 10 10 1

1. Strongly Disagree

2. Disagree

3. Undecided

4. Agree

5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibimos servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "El personal respetó las creencias religiosas/espirituales de mi familia." 7 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L
SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
ENDIF
LOC 10 5 1 Natural
SEL 7 1 1 0 OFF ENTER Q_29

Q: Q18
T: 5 5 1
While receiving mental health services...

staff spoke with me and my child in a way that we understood.

T: 10 10 1
1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1
66. Don't Know
99. Refused

I:
IF (LANG = 2)
CLEAR 5 5 25 200
SHOW "Durante el tiempo que recibimos servicios de salud mental..." 5 5 100 YELLOW ON BLACK L
SHOW "El personal habló conmigo y con mi niño de una manera que podíamos entender." 7 5 100 YELLOW ON BLACK L
SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L
SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L
SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L
SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L
SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L
SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
ENDIF
LOC 10 5 1 Natural
SEL 7 1 1 0 OFF ENTER Q_30

Q: Q19
T: 5 5 1
While receiving mental health services...

staff were sensitive to our cultural/ethnic background.

T: 10 10 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibimos servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "El personal fue sensitivo a nuestros antecedentes culturales/étnicos." 7 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_31

Q: Q20

T: 5 5 1

While receiving mental health services...

we felt discriminated against while trying to get services.

T: 10 10 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibimos servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "Sentimos discriminación cuando tratamos de conseguir los servicios allí." 7 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_32

Q: Q21

T: 5 5 1

As a result of the services my child or my family received:

My child is better at handling daily life.

T: 10 10 1

1. Strongly Disagree

2. Disagree

3. Undecided

4. Agree

5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Como resultado de los servicios que mi niño o mi familia recibió:" 5 5 80 YELLOW ON BLACK L

SHOW "Mi niño/a puede encararse mejor en la vida diaria." 7 5 80 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L
 SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L
 SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
 SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
 ENDIF
 LOC 10 5 1 Natural
 SEL 7 1 1 0 OFF ENTER Q_8

Q: Q22

T: 5 5 1

As a result of the services my child or my family received:

My child gets along better with family members.

T: 10 10 1
 1. Strongly Disagree
 2. Disagree
 3. Undecided
 4. Agree
 5. Strongly Agree

T: 10 50 1
 66. Don't Know
 99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Como resultado de los servicios que mi niño o mi familia recibió:" 5 5 80 YELLOW
 ON BLACK L

SHOW "Mi niño se lleva mejor con los miembros de la familia." 7 5 80 YELLOW ON BLACK
 L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_9

Q: Q23

T: 5 5 1

As a result of services my child or my family received:

My child gets along better with friends and other people.

T: 10 10 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Como resultado de los servicios que mi niño o mi familia recibió:" 5 5 80 YELLOW
ON BLACK L

SHOW "Mi niño se lleva mejor con amigos y otras personas." 7 5 80 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_10

Q: Q24

T: 5 5 1

As a direct result of services my child or my family received:

My child is doing better in school and/or work.

T: 10 10 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Como resultado de los servicios que mi niño o mi familia recibió:" 5 5 80 YELLOW
ON BLACK LSHOW "Mi niño está haciendo mejor en la escuela o en el trabajo." 7 5 80 YELLOW ON
BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_11

Q: Q25

T: 5 5 1

As a result of the services my child or my family received:

My child is better able to cope when things go wrong.

T: 10 10 1

1. Strongly Disagree

2. Disagree

3. Undecided

4. Agree

5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Como resultado de los servicios que mi niño o mi familia recibió:" 5 5 80 YELLOW
ON BLACK LSHOW "Mi niño puede hacer frente a las cosas que no van bien." 7 5 80 YELLOW ON BLACK
L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L
 SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L
 SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L
 SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
 SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
 ENDIF
 LOC 10 5 1 Natural
 SEL 7 1 1 0 OFF ENTER Q_12

Q: Q26

T: 5 5 1

As a result of the services my child or my family received:

I am satisfied with our family life right now.

T: 10 10 1
 1. Strongly Disagree
 2. Disagree
 3. Undecided
 4. Agree
 5. Strongly Agree

T: 10 50 1
 66. Don't Know
 99. Refused

I:

IF (LANG = 2)
 CLEAR 5 5 25 200
 SHOW "Como resultado de los servicios que mi niño o mi familia recibió:" 5 5 80 YELLOW
 ON BLACK L
 SHOW "Estoy satisfecha con nuestra vida familiar en este tiempo." 7 5 80 YELLOW ON
 BLACK L
 SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L
 SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L
 SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L
 SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L
 SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L
 SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
 SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
 ENDIF
 LOC 10 5 1 Natural
 SEL 7 1 1 0 OFF ENTER Q_13

Q: Q27

T: 5 5 1

My child is better able to do things he or she wants to do.

T: 10 10 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Mi niño puede hacer mejor las cosas que desea hacer." 5 5 80 YELLOW ON BLACK

L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_33

Q: Q28

T: 5 5 1

I know people who will listen and understand me when I need to talk.

T: 10 10 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200
SHOW "Conozco a unas personas que me escuchan y me entienden cuando necesito hablar." 5 5 80 YELLOW ON BLACK L
SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L
SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L
SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L
SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L
SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L
SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
ENDIF
LOC 10 5 1 Natural
SEL 7 1 1 0 OFF ENTER Q_34

Q: Q29

T: 5 5 1

I have people that I am comfortable talking with about my child's problems.

T: 10 10 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Conozco a unas personas con quienes puedo hablar de los problemas de mi niño." 5 5 80 YELLOW ON BLACK L
SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L
SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L
SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L
SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L
SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L
SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
ENDIF
LOC 10 5 1 Natural
SEL 7 1 1 0 OFF ENTER Q_35

Q: Q30

T: 5 5 1

In a crisis, I would have the support I need from family or friends.

T: 10 10 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "En una crisis, yo tengo el apoyo que necesito desde mi familia o de mis amigos." 5 5
80 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L

SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_36

Q: Q31

T: 5 5 1

I have people with whom I can do enjoyable things.

T: 10 10 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)
 CLEAR 5 5 25 200
 SHOW "Conozco a unas personas con quienes puedo hacer cosas agradables." 5 5 80
 YELLOW ON BLACK L
 SHOW "1. Fuertemente en Desacuerdo" 10 10 40 YELLOW ON BLACK L
 SHOW "2. Desacuerdo" 11 10 40 YELLOW ON BLACK L
 SHOW "3. Indecisivo" 12 10 40 YELLOW ON BLACK L
 SHOW "4. De Acuerdo" 13 10 40 YELLOW ON BLACK L
 SHOW "5. Fuertemente de Acuerdo" 14 10 40 YELLOW ON BLACK L
 SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
 SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
 ENDIF
 LOC 10 5 1 Natural
 SEL 7 1 1 0 OFF ENTER Q_37

Q: Explain6

T: 5 5 1

Now, we would like to ask you some questions about other child-serving agencies that your child

may be involved with. We are talking about all social services agencies (not just mental health)

that provides support to children and their families (such as developmental disabilities, special education, juvenile justice, chemical dependency, and child welfare services).

T: 22 5 1

INTERVIEWER: Press 1 then "Next" to Continue

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Ahora, quisieramos hacerle algunas preguntas acerca de otras agencias" 5 5 100
 YELLOW ON BLACK L

SHOW "de servicios infantiles en los cuales este probablemente participe o este actualmente inscrito" 6 5 100 YELLOW ON BLACK L

SHOW "su hijo(a). Nos referimos a todas las agencias de servicio social (no solo las de salud mental)," 7 5 100 YELLOW ON BLACK L

SHOW "que proveen apoyo a los hijos y sus familias (tales como agencias para ninos con incapacidades" 8 5 100 YELLOW ON BLACK L

SHOW "automotrices, necesidades de educacion especial, procedimientos legales y justicia relacionados con" 9 5 100 YELLOW ON BLACK L

SHOW "el menor de edad, dependencia a drogras y/o servicios de bienestar infantil)." 10 5 100 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: Presione 1 entonces 'Next' para Continuar" 22 5 100 RED ON BLACK L

ENDIF

COLOR RED ON BLACK 22 5 22 200

KEY 1 20 5

Q: OtherSS

T: 5 5 1

Is your child involved with more than one child-serving agency?

T: 10 10 1

1. Yes

2. No

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Esta su niño inscrito participa en mas de una agencia de servicios infantil actualmente?" 5 5 100 YELLOW ON BLACK L

SHOW "1. Si" 10 5 30 YELLOW ON BLACK L

SHOW "2. No" 11 5 30 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 60 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 60 40 YELLOW ON BLACK L

ENDIF

LOC 10 2 1 Natural

SEL 4 1 1 0 OFF ENTER

IF (ANS = 2) SKP OtherSS_3

IF (ANS = 66) SKP OtherSS_3

IF (ANS = 99) SKP OtherSS_3

Q: OtherSS_2

T: 5 5 1

How well do you think these agencies are working together to meet your child's needs?

T: 10 10 1

1. Very well

2. Mostly well

3. Not well

4. Not very well

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200
 SHOW "Como calificaria usted los servicios proporcionados actualmente de estas agencias con respecto" 5 5 100 YELLOW ON BLACK L
 Show "a la cobertura de necesidades de su hijo/a?" 6 5 100 YELLOW ON BLACK L
 SHOW "1. Muy bueno" 10 5 30 YELLOW ON BLACK L
 SHOW "2. Generalmente bueno" 11 5 30 YELLOW ON BLACK L
 SHOW "3. No bueno" 12 5 30 YELLOW ON BLACK L
 SHOW "4. No muy bueno" 13 5 30 YELLOW ON BLACK L
 SHOW "66. No Sabe" 10 60 40 YELLOW ON BLACK L
 SHOW "99. Rechazó" 11 60 40 YELLOW ON BLACK L
 ENDIF
 LOC 10 4 1 Natural
 SEL 6 1 1 0 OFF ENTER

Q: OtherSS_3
 T: 5 5 1
 Does your child have a "Child and Family Team?"
 (This is a team that works with you and your child to carry out your child's treatment plan)

T: 10 10 1
 1. Yes
 2. No

T: 10 50 1
 66. Don't Know
 99. Refused

I:
 IF (LANG = 2)
 CLEAR 5 5 25 200
 SHOW "Es su hijo/a parte de un 'Equipo Interdisciplinario para el Menor y la Familia'?" 5 6 100 YELLOW ON BLACK L
 SHOW "(Esto se refiere a un equipo destinado a apoyar,monitorear y llevar a cabo el" 6 6 100 YELLOW ON BLACK L
 SHOW "plan de tratamiento de su hijo/a)" 7 6 100 YELLOW ON BLACK L
 SHOW "1. Si" 10 5 30 YELLOW ON BLACK L
 SHOW "2. No" 11 5 30 YELLOW ON BLACK L
 SHOW "66. No Sabe" 10 50 30 YELLOW ON BLACK L
 SHOW "99. Rechazó" 11 50 30 YELLOW ON BLACK L
 ENDIF
 LOC 10 2 1 Natural
 SEL 4 1 1 0 OFF ENTER
 IF (ANS = 2) SKP EXPLAIN8
 IF (ANS = 66) SKP EXPLAIN8
 IF (ANS = 99) SKP EXPLAIN8

Q: OtherSS_4

T: 5 5 1

How satisfied are you with the team?

T: 10 10 1

1. Very satisfied
2. Mostly satisfied
3. Dissatisfied
4. Very dissatisfied

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Que tan satisfecho/a se siente usted con este equipo de trabajo?" 5 5 100 YELLOW
ON BLACK L

SHOW "1. Muy satisfecho/a" 10 5 30 YELLOW ON BLACK L

SHOW "2. Generalment satisfecho/a" 11 5 30 YELLOW ON BLACK L

SHOW "3. Insatisfecho/a" 12 5 30 YELLOW ON BLACK L

SHOW "4. Muy insatisfecho/a" 13 5 30 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 60 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 60 40 YELLOW ON BLACK L

ENDIF

LOC 10 4 1 Natural

SEL 6 1 1 0 OFF ENTER

Q: EXPLAIN8

T: 5 5 1

Next, I have some questions about your child. Please be assured that the responses you give to these questions will only be used when comparing the responses of all of the people we interview, not to identify your child specifically.

Your individual responses will be kept strictly confidential.

T: 22 5 1

INTERVIEWER: Press 1 then "Next" to Continue

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Por último, tengo algunas preguntas sobre su niño. Porfavor siéntase seguro " 5 5
100 YELLOW ON BLACK L

SHOW "que las respuestas que de ha estas preguntas se usarán solo al compararlas con " 6
5 100 YELLOW ON BLACK L

SHOW "todas las personas que entrevistemos y no para identificar a su niño" 7 5 100
YELLOW ON BLACK L

SHOW "especificamente." 8 5 100 YELLOW ON BLACK L

SHOW "Sus respuestas individuales se mantendrán estrictamente confidenciales." 10 5
100 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: Presione 1 entonces 'Next' para Continuar" 22 5 100 RED ON
BLACK L

ENDIF

COLOR RED ON BLACK 22 5 22 200

KEY 1 20 5

Q: SEX

T: 5 5 1

Is your child female or male?

T: 10 10 1

1. Female

2. Male

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Es su niño..." 5 5 100 YELLOW ON BLACK L

SHOW "1. Del sexo femenino?" 10 5 30 YELLOW ON BLACK L

SHOW "2. Del sexo masculino?" 11 5 30 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 60 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 60 40 YELLOW ON BLACK L

ENDIF

LOC 10 2 1 Natural

SEL 4 1 1 0 OFF ENTER

Q: DOB

T: 5 5 1

What is your child's birth date?

T: 17 5 1

INTERVIEWER: If respondent refuses to give birth date, please enter 01/01/2007

I:

COLOR RED ON BLACK 17 5 17 200

IF (LANG = 2)
 CLEAR 5 5 25 200
 SHOW "Cual es la fecha de nacimiento de su niño?" 5 5 100 YELLOW ON BLACK L
 SHOW "ENTREVISTADOR: Si rechazó, por favor entre 01/01/2007" 17 5 100 RED ON BLACK L
 ENDIF
 GETDATE 19980501 20121031 15 15 MM-DD-YYYY

Q: Hispanic
 T: 5 5 1
 Is your child Hispanic, Latino/a, or Spanish origin?

T: 10 10 1
 1. No, not Hispanic, Latino/a, or Spanish origin
 2. Yes, Mexican, Mexican American, or Chicano/a
 3. Yes, Puerto Rican
 4. Yes, Cuban
 5. Yes, another Hispanic, Latino/a, or Spanish origin

T: 10 80 1
 66. Don't Know
 99. Refused

T: 20 10 1
 INTERVIEWER: Please specify other origin (Hispanic, Latino, or Spanish) in box

I:
 COLOR RED ON BLACK 20 5 25 75
 IF (LANG = 2)
 CLEAR 5 5 25 200
 SHOW "Es su niño/a de origen, hispano, latino o español?" 5 5 60 YELLOW ON BLACK L
 SHOW "1. No, no es de origen hispano, latino or español" 10 5 60 YELLOW ON BLACK L
 SHOW "2. Sí, mexicano, mexicano americano, chicano" 11 5 60 YELLOW ON BLACK L
 SHOW "3. Sí, puertorriqueño" 12 5 40 YELLOW ON BLACK L
 SHOW "4. Sí, dominicano" 13 5 40 YELLOW ON BLACK L
 SHOW "5. Sí, otro origen hispano, latino o español" 14 5 60 YELLOW ON BLACK L
 SHOW "ENTREVISTADOR: Especifique por favor el otro origen hispano, latino, o español." 17 11 100 RED ON BLACK L
 SHOW "66. No Sabe" 10 80 40 YELLOW ON BLACK L
 SHOW "99. Rechazó" 11 80 40 YELLOW ON BLACK L
 ENDIF
 LOC 10 5 1 Natural
 OTH 5 15 16 16 60
 SEL 7 1 4 1 OFF ENTER

Q: RACE

T: 5 5 1

What is the race or ethnic group of your child?

T: 10 10 1

1. Native American or Alaskan Native
2. Asian or Oriental
3. African American or Black
4. Hispanic or Latino
5. White, non-Hispanic
6. Pacific Islander
7. Some other race or ethnic group

T: 10 50 1

66. Don't Know

99. Refused

T: 18 5 1

INTERVIEWER: Please specify other race/ethnicity in box

I:

COLOR RED ON BLACK 18 5 18 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "De qué raza o grupo étnico es su niño?" 5 5 100 YELLOW ON BLACK L

SHOW "1. Nativo Americano o Nativo de Alaska" 10 5 45 YELLOW ON BLACK L

SHOW "2. Asiático u Oriental" 11 5 40 YELLOW ON BLACK L

SHOW "3. Africano Americano o Negro" 12 5 40 YELLOW ON BLACK L

SHOW "4. Hispano o Latino" 13 5 40 YELLOW ON BLACK L

SHOW "5. Blanco, no hispano" 14 5 40 YELLOW ON BLACK L

SHOW "6. De las Islas Pacíficas" 15 5 40 YELLOW ON BLACK L

SHOW "7. De otro raza o grupo étnico" 16 5 40 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: Especifique por favor otro raza o grupo étnico en la caja" 18 5 100 RED ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 7 1 Natural

OTH 7 16 45 16 80 M

SEL 9 1 1 0 OFF ENTER

Q: SCHEXP

T: 5 5 1

Was your child expelled or suspended during the past 12 months?

T: 10 10 1

1. Yes

2. No

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 5 200

SHOW "Fue expulsado o fue suspendido a su niño durante los últimos doce meses?" 5 5 80

YELLOW ON BLACK L

CLEAR 10 10 12 200

SHOW "1. Sí" 10 10 40 YELLOW ON BLACK L

SHOW "2. No" 11 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 2 1 Natural

SEL 4 1 1 0 OFF ENTER

Q: EXPELPRI

T: 5 5 1

Was your child expelled or suspended during the 12 months prior to that?

T: 10 10 1

1. Yes

2. No

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 5 200

SHOW "Fue expulsado o fue suspendido a su niño durante el anteaño?" 5 5 80 YELLOW
ON BLACK L

CLEAR 10 10 12 200

SHOW "1. Sí" 10 10 40 YELLOW ON BLACK L

SHOW "2. No" 11 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 2 1 Natural

SEL 4 1 1 0 OFF ENTER

Q: SCHDAYS

T: 5 5 1

Over the last year, the number of days my child was in school compared to the previous year is:

T: 10 10 1

1. Greater
2. About the same
3. Less
4. Does Not Apply

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 6 200

SHOW "Durante el año que acabo de pasar mi niño asistía a las clases en" 5 5 80 YELLOW ON BLACK L

SHOW "comparación con el año pasado es:" 6 5 80 YELLOW ON BLACK L

CLEAR 10 10 14 200

SHOW "1. Mayor" 10 10 40 YELLOW ON BLACK L

SHOW "2. Casi igual" 11 10 40 YELLOW ON BLACK L

SHOW "3. Menos" 12 10 40 YELLOW ON BLACK L

SHOW "4. No se aplica" 13 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 4 1 Natural

SEL 6 1 1 0 OFF ENTER

SKP SCHSTAT 1

SKP SCHSTAT 2

SKP SCHSTAT 3

SKP SCHSTAT 66

SKP SCHSTAT 99

Q: SCHDAY_NA

T: 5 5 1

Why does this not apply?

T: 10 10 1

1. Child did not have a problem with attendance before starting services.
2. Child is too young to be in school.
3. Child was expelled from school.
4. Child is home schooled.

- 5. Child dropped out of school.
- 6. Other

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 5 200

SHOW "Seleccione por favor porqué esto no aplica" 5 5 80 YELLOW ON BLACK L

CLEAR 10 10 18 200

SHOW "1. El niño no tenía un problema con asistencia antes de empezar los servicios" 10 10 80 YELLOW ON BLACK L

SHOW "2. El niño es demasiado joven para asistir" 11 10 80 YELLOW ON BLACK L

SHOW "3. El niño fue expulsado" 12 10 80 YELLOW ON BLACK L

SHOW "4. El niño enseña en casa" 13 10 80 YELLOW ON BLACK L

SHOW "5. El niño dejó de asistir a clases" 14 10 80 YELLOW ON BLACK L

SHOW "6. Otro" 15 10 80 YELLOW ON BLACK L

SHOW "66. No Sabe" 17 10 80 YELLOW ON BLACK L

SHOW "99. Rechazó" 18 10 80 YELLOW ON BLACK L

ENDIF

LOC 10 9 1 Natural

OTH 6 15 20 15 79 M

SEL 9 1 1 0 OFF ENTER

Q: SCHSTAT

T: 5 5 1

Is [child's name] currently in school?

T: 10 10 1

1. Yes

2. No

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Es [Nombre del niño] en la escuela actualmente?" 5 5 100 YELLOW ON BLACK L

SHOW "1. Sí" 10 10 40 YELLOW ON BLACK L

SHOW "2. No" 11 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 2 1 Natural
SEL 4 1 1 0 OFF ENTER
SKP COMPLET 2

Q: COMPLET

T: 5 5 1

What is the highest grade that [child's name] has completed?

T: 10 20 1

grade

T: 12 5 1

INTERVIEWER: Enter completed grade level as a number

> Sixth grade = 6

> First year of College = 13, etc

> Don't Know or Refused = 99

I:

COLOR RED ON BLACK 12 5 15 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Cuál fue el grado más alto que completó?" 5 5 100 YELLOW ON BLACK L

SHOW "Grado" 10 20 80 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: Entre el grado completado nivela como un número" 12 5 80
RED ON BLACK L

SHOW "Grado sexto = 6" 13 22 80 RED ON BLACK L

SHOW "Primero año a la universidad = 13, etc" 14 20 80 RED ON BLACK L

SHOW "No Sabe or Rechazó=99" 15 20 80 RED ON BLACK L

ENDIF

NUM 0 99 2 0 10 16

Q: CURGRADE

T: 5 5 1

What grade is your child in?

T: 10 20 1

grade

T: 12 5 1

INTERVIEWER: Enter grade level as a number

> Before first grade = 0

> Sixth grade = 6

> First year of College = 13, etc

> Don't Know or Refused = 99

I:

COLOR RED ON BLACK 12 5 16 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "En que grado va" 5 5 80 YELLOW ON BLACK L

SHOW "Grado" 10 20 80 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: Entre el nivel del grado como un número" 12 5 100 RED ON BLACK L

SHOW "Antes de primero grado = 0" 13 22 100 RED ON BLACK L

SHOW "Grado sexto = 6" 14 20 100 RED ON BLACK L

SHOW "Primero año a la universidad = 13, etc" 15 20 100 RED ON BLACK L

SHOW "No Sabe o Rechazó = 99" 16 20 100 RED ON BLACK L

ENDIF

NUM 0 99 2 0 10 16

IF (ANS < 99)

SKP GRADES

ENDIF

Q: GRADES

T: 5 5 1

In your child's current/last year in school, what grades does he/she mostly get?

T: 10 10 1

1. Mostly A's

2. Mostly B's

3. Mostly C's

4. Mostly D's

5. Mostly F's

6. Pass (satisfactory)

7. Fail (unsatisfactory)

8. Other

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "En el último año escolar, cuáles calificaciones recibió más?" 5 5 80 YELLOW ON BLACK L

SHOW "Mas A's" 10 10 35 YELLOW ON BLACK

SHOW "Mas B's" 11 10 35 YELLOW ON BLACK

SHOW "Mas C's" 12 10 35 YELLOW ON BLACK

SHOW "Mas D's" 13 10 35 YELLOW ON BLACK

SHOW "Mas F's" 14 10 35 YELLOW ON BLACK

SHOW "Pase (satisfactorio)" 15 10 35 YELLOW ON BLACK

SHOW "Falle (poco satisfactorio)" 16 10 35 YELLOW ON BLACK
 SHOW "Otro" 17 10 35 YELLOW ON BLACK
 SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
 SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
 ENDIF
 LOC 10 8 1 Natural
 SEL 10 1 1 0 OFF ENTER

Q: LIVING

T: 5 5 1

Who is [child's name] living with?

T: 10 10 1

1. With one parent (include step parent)
2. With both parents (include step parent)
3. With another family member (not parent(s))
4. Foster home
5. Therapeutic foster home
6. Crisis shelter
7. Homeless shelter
8. Group home
9. Residential treatment center
10. Hospital
11. Local jail or detention facility
12. State correctional facility
13. Runaway/homeless
14. Someone other than above

T: 25 12 1

INTERVIEWER: Please specify other living situation in box

I:

COLOR RED ON BLACK 25 10 25 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Con quien vive ahora [nombre del niño]?" 5 5 80 YELLOW ON BLACK L

SHOW "1. Un padre (incluye padrastros)" 10 5 80 YELLOW ON BLACK L

SHOW "2. Los dos padres (incluye padrastros)" 11 5 80 YELLOW ON BLACK L

SHOW "3. Con otro miembro de la familia (que no sean los padres)" 12 5 80 YELLOW ON BLACK L

SHOW "4. En una casa de crianza" 13 5 80 YELLOW ON BLACK L

SHOW "5. En una casa de crianza terapeutico" 14 5 80 YELLOW ON BLACK L

SHOW "6. En un asilo de crisis" 15 5 80 YELLOW ON BLACK L

SHOW "7. En un asilo para personas sin hogar" 16 5 80 YELLOW ON BLACK L

SHOW "8. Casa de grupo" 17 5 80 YELLOW ON BLACK L

SHOW "9. Centro residencial de tratamiento" 18 5 80 YELLOW ON BLACK L

SHOW "10. Hospital" 19 5 80 YELLOW ON BLACK L
SHOW "11. Carcel local o centro de detencion" 20 5 80 YELLOW ON BLACK L
SHOW "12. Un centro de correccion del estado" 21 5 80 YELLOW ON BLACK L
SHOW "13. Un niño que se fugo de su casa o esta sin hogar" 22 5 80 YELLOW ON BLACK L
SHOW "14. El vive con otra persona que no se ha mencionado arriba" 23 5 80 YELLOW ON
BLACK L
SHOW "ENTREVISTADOR: Especifique por favor otra situación viva en la caja." 25 12 80
RED ON BLACK L
ENDIF
LOC 10 14 1 Natural
OTH 14 24 15 24 80 M
SEL 14 1 1 0 OFF ENTER

Q: MEDS_SR

T: 5 5 1

Is your child on medication for emotional/behavioral problems?

T: 10 10 1

1. Yes

2. No

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Esta su niño usando medicina para problemas emocionales/comportamiento?" 5 5
100 YELLOW L

SHOW "1. Sí" 10 10 40 YELLOW ON BLACK L

SHOW "2. No" 11 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 2 1 Natural

SEL 4 1 1 0 OFF ENTER

Q: CHECKUP_SR

T: 5 5 1

In the last year, did your child see a medical doctor (nurse) for a health checkup
or because he/she was sick?

T: 10 5 1

1. Yes

2. No

T: 10 50 1
66. Don't Know
99. Refused

I:
IF (LANG = 2)
CLEAR 5 5 6 200
SHOW "En el ultimo año su niño a hido a un doctor o enfermera para un" 5 5 80 YELLOW L
SHOW "chequeo o porque estaba enfermo/a?" 6 5 80 YELLOW L
CLEAR 10 5 11 200
SHOW "1. Sí" 10 5 30 YELLOW ON BLACK L
SHOW "2. No" 11 5 30 YELLOW ON BLACK L
SHOW "66. No Sabe" 10 40 30 YELLOW ON BLACK L
SHOW "99. Rechazó" 11 40 30 YELLOW ON BLACK L
ENDIF
LOC 10 2 1 Natural
SEL 4 1 1 0 OFF ENTER

Q: MEDICAID
T: 5 5 1
Do you have Medicaid insurance?

T: 10 10 1
1. Yes
2. No

T: 10 50 1
66. Don't Know
99. Refused

T: 15 5 1
INTERVIEWER: If Don't Know, ask: Do you have Healthy Options or Medical coupons?

I:
COLOR RED ON BLACK 15 5 15 200
IF (LANG = 2)
CLEAR 5 5 25 200
SHOW "Tiene seguro Medicaid" 5 5 80 YELLOW ON BLACK L
SHOW "1. Sí" 10 5 40 YELLOW ON BLACK L
SHOW "2. No" 11 5 40 YELLOW ON BLACK L
SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
SHOW "ENTREVISTADOR: Si no sabe, Si no sabe, por favor pregunte -" 15 5 80 RED ON BLACK L
SHOW "Recibe cupones medicos o tiene 'Healthy Options'?" 16 20 80 RED ON BLACK L

ENDIF

LOC 10 2 1 Natural

SEL 4 1 1 0 OFF ENTER

Q: ARRESTPST

T: 5 5 1

Was your child arrested during the past 12 months?

T: 10 10 1

1. Yes

2. No

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 5 200

SHOW "¿Arrestaron a su niño durante los últimos 12 meses?" 5 5 80 YELLOW ON BLACK L

CLEAR 10 10 12 200

SHOW "1. Sí" 10 10 40 YELLOW ON BLACK L

SHOW "2. No" 11 10 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 2 1 Natural

SEL 4 1 1 0 OFF ENTER

Q: ARRESTPRI

T: 5 5 1

Was your child arrested the 12 months prior to that?

T: 10 10 1

1. Yes

2. No

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 5 200

SHOW "¿Arrestaron a su niño en el anteaño?" 5 5 80 YELLOW ON BLACK L

CLEAR 10 10 12 200

SHOW "1. Sí" 10 10 40 YELLOW ON BLACK L
 SHOW "2. No" 11 10 40 YELLOW ON BLACK L
 SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
 SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
 ENDIF
 LOC 10 2 1 Natural
 SEL 4 1 1 0 OFF ENTER

Q: ENCOUNTERS

T: 5 5 1

Over the last year, have your child's encounters with police...

T: 10 10 1

1. been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program).
2. Stayed the same

3. Increased

4. Not applicable (they had no police encounters this year or last year).

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 5 200

SHOW "Durante el año pasado, los encuentros de su niño con el policía..." 5 5 80 YELLOW ON BLACK L

CLEAR 10 10 20 200

SHOW "1. Reducido (por ejemplo, no ha sido arrestado, molestado por el policía" 10 10 80 YELLOW ON BLACK L

SHOW "llevado por el policía a un programa del abrigo o de la crisis)" 11 16 80 YELLOW ON BLACK L

SHOW "2. Permanecía igual" 12 10 80 YELLOW ON BLACK L

SHOW "3. Aumentado" 14 10 80 YELLOW ON BLACK L

SHOW "4. No aplicable (no tenían ningún encuentro del policía este año o el año pasado" 16 10 80 YELLOW ON BLACK L

SHOW "66. No Sabe" 18 10 80 YELLOW ON BLACK L

SHOW "99. Rechazó" 20 10 80 YELLOW ON BLACK L

ENDIF

LOC 10 6 2 Natural

SEL 6 1 1 0 OFF ENTER

Q: EXPLAIN7

T: 5 5 1

The last three questions are open-ended and I will type what you say.

T: 22 5 1

INTERVIEWER: Please record respondent's own words as much as possible.

T: 23 18 1

Press 1 then "Next" to Continue

I:

COLOR RED ON BLACK 22 5 23 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Los últimos tres preguntas son de respuestas libre y voy a escribir lo que diga." 5 5

80 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: Por favor escriba lo que el consumidor diga en sus propias" 22

5 80 RED ON BLACK L

SHOW "Presione 1 entonces 'Next' para Continuar" 23 20 80 RED ON BLACK L

ENDIF

NUM 1 1 1 0 20 15

Q: LIKEMOST

T: 5 5 1

What two things do you like the MOST about the mental health services
your child received?

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Cuáles dos cosas le gustó más sobre los servicios que su niño recibió?" 5 5 80

YELLOW ON BLACK L

ENDIF

OPENEND 10 5 20 80 Mixed NOSROLL

Q: LIKELEST

T: 5 5 1

What two things do you like the LEAST about the mental health services
your child received?

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Cuáles dos cosas le gustó menos sobre los servicios que su niño recibió?" 5 5 80

YELLOW ON BLACK L

ENDIF

OPENEND 10 5 20 80 Mixed NOSROLL

Q: COMMENTS

T: 5 5 1

Do you have any other comments you would like to add?

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Tiene algunos comentarios que le gustaría agregar?" 5 5 80 YELLOW ON BLACK L

ENDIF

OPENEND 10 5 20 80 Mixed NOSROLL

Q: THANKYOU

T: 5 5 1

Those are all the questions I have.

Thank you very much for your time.

T: 22 5 1

INTERVIEWER: Press 1 then "Next" to Continue

I:

COLOR RED ON BLACK 22 5 22 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Son todas las preguntas que tengo" 5 5 80 YELLOW ON BLACK L

SHOW "Muchas gracias por su tiempo." 7 5 80 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: Presione 1 entonces 'Next' para Continuar" 22 5 80 RED ON BLACK L

ENDIF

KEY 1 20 5

Q: LANGUAGE

T: 5 5 1

What language was this interview completed in?

T: 10 5 1

1. English

2. Spanish

3. Russian

I:

LOC 10 3 1 Natural

SEL 3 1 1 0 OFF ENTER

Q: END

T: 10 15 1

INTERVIEWER: Enter 1 then Press "Next" to Terminate.

I:

COLOR RED ON BLACK 10 15 10 200

KEY 1 8 15

CPL

DISPOS = 14

ENDQUEST

Q: NOTQAL

T: 5 5 1

Thank you for your time.

T: 10 5 1

INTERVIEWER: Enter 1 then Press "Next" to Terminate.

I:

COLOR RED ON BLACK 10 5 10 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Gracias por su tiempo" 5 5 80 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: ..." 10 5 80 RED ON BLACK L

ENDIF

KEY 1 8 5

ENDQUEST

2014 Youth Consumer Survey Script

The YCS Telephone Survey Script is formatted for CATI Lab use.

C: (pre-question section)

CATI ON

C: (pre-question section)

COLOR ORANGE ON BLACK 1 1 200 200

DEFFONT "Courier" 12

HELP F1

MACRO ENGLISH

LANG = 1

REASK

ENDMACRO

MACRO SPANISH

LANG = 2

REASK

ENDMACRO

ONKEY CtrlE ENGLISH

ONKEY CtrlS SPANISH

Q: HELLO

T: 5 5 1

Hello, my name is [INTERVIEWER NAME] and I'm calling from The University of Washington. [How are you?] May I speak with [Respondent's Name]?

The reason I am calling is that we have been asked by the Division of Behavioral Health and Recovery to talk with people about the mental health services they received. Your name was picked at random from a list of people who received mental health services within the last year.

INTERVIEWER: Press 1 then "Next" to Continue

F1 for Answering Machine Script

Ctrl-End to Terminate

T: 15 5 1

Hello, my name is [Interviewer Name] and I am calling from the University of Washington. May I speak with [Respondent's Name]?

We called a few days ago about the Children's Survey,
is now a good time to complete the survey?

INTERVIEWER:

Press 1 then "Next" to Continue

Ctrl/End to Terminate

F1 for Answering Machine Script

H:

ANSWERING MACHINE SCRIPT IN ENGLISH

Hello, my name is: _____. I am calling from the University of Washington. We are trying to contact [Respondent's Name] about an important study. Please call us toll free at 1-866-538-7611 to let us know when would be the best time to call. When you call, please say that you are calling about the "Children's Survey, ID Number [ID Number]." When calling back please be sure and leave your ID Number so that we can reach you.

If we have reached an incorrect phone number for [Respondent's Name] please call us toll free at 1-866-538-7611 and let us know that we have reached an incorrect number.

Thank you for your time.

ANSWERING MACHINE SCRIPT IN SPANISH

Hola, mi nombre es: _____. Estoy llamando de la Universidad de Washington. Estamos tratando de comunicarnos con [Nombre del Respondiente], acerca de un estudio importante.

Por favor llámenos gratuitamente al 1-866-538-7611 para dejarnos saber cuando sería el mejor tiempo para llamar de nuevo. Cuando llame, por favor diga que está llamando sobre el "Estudio de Niños, con el número de identificación [número de identificación]."

Si nos hemos comunicado a un número equivocado para [nombre del respondiente], por favor llámenos a este mismo número y déjenos saber que nos hemos equivocado.

Gracias por su tiempo.
ENDHELP

I:

COLOR RED ON BLACK 14 5 17 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Hola, mi nombre es [NOMBRE DE ENTREVISTADOR], y estoy llamando de la Universidad de " 5 5 100 YELLOW ON BLACK L

SHOW "Washington. Puedo hablar por favor con [nombre del niño]?" 6 5 100 YELLOW ON BLACK L

SHOW "La razón que estoy llamando, es porque la División de Salud Mental del Estado " 8 5 100 YELLOW ON BLACK L

SHOW "de Washington nos ha pedido que hablemos con personas sobre los servicios de salud " 9 5 100 YELLOW ON BLACK L
 SHOW "mental que han recibido. Su nombre fue escogido al azar, de una lista de personas " 10 5 100 YELLOW ON BLACK L
 SHOW "quienes han recibido servicios de salud mental en los ultimos 9 meses." 11 5 100 YELLOW ON BLACK L
 SHOW "ENTREVISTADOR: Presione 1 entonces 'Next' para Continuar" 14 5 90 RED ON BLACK L
 SHOW "F1 para Manuscrito Para Maquina de Contestar" 15 22 90 RED ON BLACK L
 SHOW "Ctrl-End para Terminar" 16 20 90 RED ON BLACK L
 ENDIF
 KEY 1 20 5

Q: LETTER

T: 5 5 1

A green colored letter was mailed to you recently describing the study.
 Do you remember receiving it?

T: 10 5 1

1. Yes
2. No
3. Don't Know

T: 15 5 1

INTERVIEWER: If No or Don't Know, Say:

It was a brief letter to let people know we would be calling.
 It was sent just recently and may not have arrived yet.

I:

COLOR RED ON BLACK 15 5 18 200

IF (LANG = 2)

CLEAR 5 5 20 200

SHOW "Una carta en papel color verde se mando a su familia recientemente" 5 5 80 YELLOW ON BLACK L

SHOW "describiendo este estudio. Recuerda haberla recibido?" 6 5 80 YELLOW ON BLACK L

SHOW "1. Sí" 10 5 80 YELLOW ON BLACK L

SHOW "2. No" 11 5 80 YELLOW ON BLACK L

SHOW "3. No sabe" 12 5 80 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: Si no o no sabe, lea: 'Era una carta breve para dejarle saber que'" 15 5 80 RED ON BLACK L

SHOW "hibamos a llamar. Se mando hace poco asi que quizas no les a llegado" 16 30 80 RED ON BLACK L

ENDIF

LOC 10 3 1 Natural
SEL 3 1 1 0 OFF ENTER

Q: EXPLAIN
T: 5 5 1

The questions we will ask are about your experiences with your mental health service provider [Provider Agency]. What you have to say is important to us and will be used to make mental health programs better.

T: 22 5 1
INTERVIEWER: Press 1 then "Next" to Continue

I:
COLOR RED ON BLACK 22 5 22 200
IF (LANG = 2)
CLEAR 5 5 25 200
SHOW "Las preguntas de la entrevista son acerca de sus experiencias con su proveedor de" 5 5 85 YELLOW ON BLACK L
SHOW "servicios de salud mental. Lo que usted tenga decir es muy importante para nosotros" 6 5 85 YELLOW ON BLACK L
SHOW "y la informacion del estudio se usara para mejorar los programas de salud mental en el" 7 5 90 YELLOW ON BLACK L
SHOW "Estado de Washington." 8 5 80 YELLOW ON BLACK L
SHOW "ENTREVISTADOR: Presione 1 entonces 'Next' para continuar" 22 5 80 RED ON BLACK L
ENDIF
KEY 1 20 5

Q: EXPLAIN2
T: 5 5 1
This telephone interview is completely voluntary. The information you provide will be confidential (private). Only the surveyors at the University of Washington will see the information about you. Information that could identify you will be destroyed. Your answers won't have anything to do with the services you have a right to receive.

T: 22 5 1
INTERVIEWER: Press 1 then "Next" to Continue

I:
COLOR RED ON BLACK 22 5 22 200
IF (LANG = 2)
CLEAR 5 5 25 200
SHOW "Esta entrevista telefonica es completamente voluntaria. La informacion que" 5 5 90 YELLOW L

SHOW "usted provee sera privada. Solo los investigadores de la Universidad de" 6 5 90
 YELLOW L
 SHOW "Washington veran su informacion. Informacion que pudiera identificarlo," 7 5 90
 YELLOW ON BLACK L
 SHOW "sera destruido. Sus respuestas no tendrán nada que ver con los servicios " 8 5 90
 YELLOW ON BLACK L
 SHOW "que usted tiene derecho a recibir." 9 5 90 YELLOW ON BLACK L
 SHOW "ENTREVISTADOR: Presione 1 entonces 'Next' para Continuar" 22 5 90 RED ON
 BLACK L
 ENDIF
 KEY 1 20 5

Q: EXPLAIN3

T: 5 5 1

The interview takes about 15 minutes. Do you have time to take the survey right now? Parts of this interview may be monitored by my supervisor, to check my work. If I come to any question that you would prefer not to answer, just let me know and I will skip over it, OK?

T: 10 5 1

1. Yes

2. No, this is not a convenient time

[INTERVIEWER ASK: "When would be a good time to call back?"]

3. Unwilling to participate in the survey

[INTERVIEWER: Thank respondent for their time.]

I:

COLOR RED ON BLACK 13 5 13 200

COLOR RED ON BLACK 15 5 15 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "La entrevista se toma como 15 minutos. Mi supervisor quizas escuche partes de la" 5 5 90 YELLOW ON BLACK L

SHOW "entrevista para verificar mi trabajo. Si llego a una pregunta que usted prefiera" 6 5 90 YELLOW ON BLACK L

SHOW "no contestar, dejeme saber, y la pasare por alto, esta bien?" 7 5 90 YELLOW ON BLACK L

SHOW "1. Sí" 10 5 80 YELLOW ON BLACK L

SHOW "2. No, no es un tiempo conviniente." 12 5 80 YELLOW ON BLACK L

SHOW "[ENTREVISTADOR: Cuando seria un mejor tiempo para llamare de uelta?]" 13 5 90 RED ON BLACK L

SHOW "3. No. (No estan dispuestos a participar en la encuesta)." 14 5 90 YELLOW ON BLACK L

SHOW "[ENTREVISTADOR: De gracias al respondiente por su tiempo]" 15 5 90 RED ON BLACK L

ENDIF

LOC 10 3 2 Natural

SEL 3 1 1 0 OFF ENTER

IF (ANS = 2) ctrlend

SKP NOTQAL 3

QAL NOTQAL

Q: EXPLAIN4

T: 5 5 1

Great! I'm going to read you some statements that describe how some people might feel about their experiences after receiving mental health services.

After I read each statement, please tell me whether you

o Strongly Disagree,

o Disagree

o Are Undecided

o Agree, or

o Strongly Agree

that the statement reflects your experience. When you think about your experience, please consider just the past year. Okay?

T: 22 5 1

INTERVIEWER: Press 1 then "Next" to Continue

I:

NOBACK

COLOR RED ON BLACK 22 5 22 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Magnifico! Voy a leerle unas declaraciones que describen como algunas personas pueden" 5 5 100 YELLOW ON BLACK L

SHOW "sentirse acerca de sus experiencias, despues de haber recibido servicios de salud mental." 6 5 100 YELLOW ON BLACK L

SHOW "Despues que lea cada declaracion, porfavor digame si usted esta:" 8 5 100 YELLOW ON BLACK L

SHOW "o Fuertemente en Desacuerdo" 10 5 100 YELLOW ON BLACK L

SHOW "o En Desacuerdo" 11 5 100 YELLOW ON BLACK L

SHOW "o Indeciso" 12 5 100 YELLOW ON BLACK L

SHOW "o De Acuerdo" 13 5 100 YELLOW ON BLACK L

SHOW "o Fuertemente de Acuerdo" 14 5 100 YELLOW ON BLACK L

SHOW "que la declaracion refleja su experiencia. Cuando piense en su experiencia," 16 5 100 YELLOW ON BLACK L

SHOW "porfavor solo considere los ultimos 9 meses. Esta bien?" 17 5 100 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: Presion 1 entonces 'Next' para Continuar" 22 5 100 RED ON BLACK L

ENDIF

KEY 1 20 5

Q: Q1

T: 5 5 1

Overall, I am satisfied with the services I received.

T: 10 5 1

1. Strongly Disagree

2. Disagree

3. Undecided

4. Agree

5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Sobre todo, estoy satisfecha con los servicios que recibí." 5 5 80 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_7

Q: Q2

T: 5 5 1

While receiving mental health services...

I helped to choose my services.

T: 10 5 1

1. Strongly Disagree

- 2. Disagree
- 3. Undecided
- 4. Agree
- 5. Strongly Agree

T: 10 50 1
 66. Don't Know
 99. Refused

I:
 IF (LANG = 2)
 CLEAR 5 5 25 200
 SHOW "Durante el tiempo que recibí servicios de salud mental..." 5 5 100 YELLOW ON
 BLACK L
 SHOW "Ayude a escoger los servicios." 6 5 100 YELLOW ON BLACK L
 SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L
 SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L
 SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L
 SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L
 SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L
 SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
 SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
 ENDIF
 LOC 10 5 1 Natural
 SEL 7 1 1 0 OFF ENTER Q_14

Q: Q3
 T: 5 5 1
 While receiving mental health services...

I helped to choose my treatment goals.

- T: 10 5 1
- 1. Strongly Disagree
 - 2. Disagree
 - 3. Undecided
 - 4. Agree
 - 5. Strongly Agree

T: 10 50 1
 66. Don't Know
 99. Refused

I:
 IF (LANG = 2)
 CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibí servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "Ayude a escoger las metas de tratamiento." 6 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_15

Q: Q4

T: 5 5 1

While receiving mental health services...

the people helping me stuck with me no matter what.

T: 10 5 1

1. Strongly Disagree

2. Disagree

3. Undecided

4. Agree

5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibí servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "Las personas que me estaban ayudando me apoyaron no importaba que." 6 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural
SEL 7 1 1 0 OFF ENTER Q_16

Q: Q5
T: 5 5 1
While receiving mental health services...

I felt I had someone to talk to when I was troubled.

T: 10 5 1
1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1
66. Don't Know
99. Refused

I:
IF (LANG = 2)
CLEAR 5 5 25 200
SHOW "Durante el tiempo que recibí servicios de salud mental..." 5 5 100 YELLOW ON
BLACK L
SHOW "Sentí que tenía alguien con quien hablar cuando estaba afligido." 6 5 100 YELLOW
ON BLACK L
SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L
SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L
SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L
SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L
SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L
SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
ENDIF
LOC 10 5 1 Natural
SEL 7 1 1 0 OFF ENTER Q_17

Q: Q6
T: 5 5 1
While receiving mental health services...

the people helping me listened to what I had to say.

T: 10 5 1
1. Strongly Disagree

- 2. Disagree
- 3. Undecided
- 4. Agree
- 5. Strongly Agree

T: 10 50 1
 66. Don't Know
 99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibí servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "Las personas ayudándome escuchaban lo que yo tenía que decir." 6 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_18

Q: Q7

T: 5 5 1

While receiving mental health services...

I was actively involved in my treatment.

T: 10 5 1

1. Strongly Disagree

2. Disagree

3. Undecided

4. Agree

5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200
 SHOW "Durante el tiempo que recibí servicios de salud mental..." 5 5 100 YELLOW ON BLACK L
 SHOW "Estuve activamente envuelto en mi propio tratamiento." 6 5 100 YELLOW ON BLACK L
 SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L
 SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L
 SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L
 SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L
 SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L
 SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
 SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
 ENDIF
 LOC 10 5 1 Natural
 SEL 7 1 1 0 OFF ENTER Q_19

Q: Q8
 T: 5 5 1
 While receiving mental health services...

I received services that were right for me.

T: 10 5 1
 1. Strongly Disagree
 2. Disagree
 3. Undecided
 4. Agree
 5. Strongly Agree

T: 10 50 1
 66. Don't Know
 99. Refused

I:
 IF (LANG = 2)
 CLEAR 5 5 25 200
 SHOW "Durante el tiempo que recibí servicios de salud mental..." 5 5 100 YELLOW ON BLACK L
 SHOW "Los servicios que recibí fueron apropiados para mí." 6 5 100 YELLOW ON BLACK L
 SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L
 SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L
 SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L
 SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L
 SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L
 SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
 SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_20

Q: Q9

T: 5 5 1

While receiving mental health services...

the location of services was convenient.

T: 10 5 1

1. Strongly Disagree

2. Disagree

3. Undecided

4. Agree

5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibí servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "La localidad de los servicios fue conveniente para mí." 6 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_21

Q: Q10

T: 5 5 1

While receiving mental health services...

services were available at times that were convenient for me.

T: 10 5 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1
 66. Don't Know
 99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibí servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "Servicios estaban disponibles a horas que eran convenientes para mí." 6 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_22

Q: Q11

T: 5 5 1

If I need services in the future, I would use these services again.

- T: 10 5 1
1. Strongly Disagree
 2. Disagree
 3. Undecided
 4. Agree
 5. Strongly Agree

T: 10 50 1
 66. Don't Know
 99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Si necesito servicios en el futuro, usaria estos servicios otra vez." 5 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_23

Q: Q12

T: 5 5 1

I got the help I wanted.

T: 10 5 1

1. Strongly Disagree

2. Disagree

3. Undecided

4. Agree

5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Recibi la ayuda que queria." 5 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_24

Q: Q13

T: 5 5 1

I got as much help as I needed.

T: 10 5 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Recibi tanta ayuda como necesitaba." 5 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_25

Q: Q14

T: 5 5 1

I, not staff, decided my treatment goals.

T: 10 5 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Yo, y no el personal, determine las metas de mi tratamiento." 5 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_26

Q: Q15

T: 5 5 1

Staff treated me with respect.

T: 10 5 1

1. Strongly Disagree

2. Disagree

3. Undecided

4. Agree

5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "El personal me trato con respeto." 5 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_27

Q: Q16

T: 5 5 1

While receiving mental health services...

staff understood my family's cultural traditions.

T: 10 5 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibí servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "El personal entendía las tradiciones culturales de mi familia." 6 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_28

Q: Q17

T: 5 5 1

While receiving mental health services...

staff respected my family's religious/spiritual beliefs.

T: 10 5 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibí servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "El personal respeta las creencias religiosas/espirituales de mi familia." 6 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_29

Q: Q18

T: 5 5 1

While receiving mental health services...

staff spoke with me in a way that I understood.

T: 10 5 1

1. Strongly Disagree

2. Disagree

3. Undecided

4. Agree

5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibí servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "El personal habla conmigo de una manera que podía entender." 6 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L
 SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L
 SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L
 SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L
 SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
 SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
 ENDIF
 LOC 10 5 1 Natural
 SEL 7 1 1 0 OFF ENTER Q_30

Q: Q19

T: 5 5 1

While receiving mental health services...

staff were sensitive to my cultural/ethnic background.

T: 10 5 1

1. Strongly Disagree

2. Disagree

3. Undecided

4. Agree

5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibí servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "El personal fue sensitivo a mis antecedentes culturales/eticos." 6 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_31

Q: Q20

T: 5 5 1

While receiving mental health services...

I felt discriminated against while trying to get services there.

T: 10 5 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Durante el tiempo que recibí servicios de salud mental..." 5 5 100 YELLOW ON BLACK L

SHOW "Senti discriminación cuando traté de conseguir los servicios allí." 6 5 100 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_32

Q: Q21

T: 5 5 1

As a result of the services I received:

I am better at handling daily life.

T: 10 5 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 60 1
 66. Don't Know
 99. Refused

I:
 IF (LANG = 2)
 CLEAR 5 5 25 200
 SHOW "Como resultado de los servicios que recibí:" 5 5 80 YELLOW ON BLACK L
 SHOW "Puedo encararme mejor en la vida diaria." 7 5 80 YELLOW ON BLACK L
 SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L
 SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L
 SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L
 SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L
 SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L
 SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
 SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
 ENDIF
 LOC 10 5 1 Natural
 SEL 7 1 1 0 OFF ENTER Q_8

Q: Q22
 T: 5 5 1
 As a result of the services I received:

I get along better with family members.

T: 10 5 1
 1. Strongly Disagree
 2. Disagree
 3. Undecided
 4. Agree
 5. Strongly Agree

T: 10 50 1
 66. Don't Know
 99. Refused

I:
 IF (LANG = 2)
 CLEAR 5 5 25 200
 SHOW "Como resultado de los servicios que recibí:" 5 5 80 YELLOW ON BLACK L
 SHOW "Me llevo mejor con los miembros de la familia." 7 5 80 YELLOW ON BLACK L
 SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L
 SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L
 SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L
SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L
SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
ENDIF
LOC 10 5 1 Natural
SEL 7 1 1 0 OFF ENTER Q_9

Q: Q23

T: 5 5 1

As a result of services I received:

I get along better with friends and other people.

T: 10 5 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Como resultado de los servicios que recibí:" 5 5 80 YELLOW ON BLACK L

SHOW "Me llevo mejor con amigos y otras personas." 7 5 80 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_10

Q: Q24

T: 5 5 1

As a direct result of services I received:

I am doing better in school and/or work.

T: 10 5 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Como resultado de los servicios que recibí:" 5 5 80 YELLOW ON BLACK L

SHOW "Estoy haciendo mejor en la escuela o en el trabajo." 7 5 80 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_11

Q: Q25

T: 5 5 1

As a result of the services I received:

I am better able to cope when things go wrong.

T: 10 5 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Como resultado de los servicios que recibí:" 5 5 80 YELLOW ON BLACK L

SHOW "Puedo enfrentarme mejor cuando las cosas van mal." 7 5 80 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_12

Q: Q26

T: 5 5 1

As a result of the services I received:

I am satisfied with our family life right now.

T: 10 5 1

1. Strongly Disagree

2. Disagree

3. Undecided

4. Agree

5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Como resultado de los servicios que recibí:" 5 5 80 YELLOW ON BLACK L

SHOW "Estoy satisfecho con mi vida familiar en este tiempo." 7 5 80 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural
SEL 7 1 1 0 OFF ENTER Q_13

Q: Q27

T: 5 5 1

I am better able to do things that I want to do.

T: 10 5 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Puedo hacer mejor las cosas que deseo hacer." 5 5 80 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_33

Q: Q28

T: 5 5 1

I know people who will listen and understand me when I need to talk.

T: 10 5 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Conozco a unas personas que me escuchan y me entienden cuando necesito hablar." 5 5 80 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_34

Q: Q29

T: 5 5 1

I have people that I am comfortable talking with about my problems.

T: 10 5 1

1. Strongly Disagree

2. Disagree

3. Undecided

4. Agree

5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Conozco a unas personas con quienes puedo hablar de mis problemas." 5 5 80 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural
SEL 7 1 1 0 OFF ENTER Q_35

Q: Q30

T: 5 5 1

In a crisis, I would have the support I need from family or friends.

T: 10 5 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "En una crisis, yo tendría el apoyo que necesito desde mi familia o de mis amigos." 5

5 90 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_36

Q: Q31

T: 5 5 1

I have people with whom I can do enjoyable things.

T: 10 5 1

1. Strongly Disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly Agree

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Conozco a unas personas con quienes puedo hacer cosas agradables." 5 5 80

YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. Indeciso" 12 5 40 YELLOW ON BLACK L

SHOW "4. De Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "5. Fuertemente de Acuerdo" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER Q_37

Q: EXPLAIN8

T: 5 5 1

Please listen to each of the following statements. Choose the response that best represents your situation in the last year.

We are going to use the term 'mental illness' in the rest of this questionnaire, but please think of it as whatever you feel is the best term for it.

After I read each statement, please tell me whether you:

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly Agree

If the statement is about something you did not experience, choose "Does not apply to me".

INTERVIEWER: Press 1 then "Next" to Continue

I:

COLOR RED ON BLACK 23 1 23 200

IF (LANG = 2)

CLEAR 5 5 23 200

SHOW "Por favor escuche cada una de las siguientes declaraciones. Escoja la respuesta que mejor " 5 5 80 YELLOW ON BLACK L

SHOW "representa su situación durante los últimos nueve meses." 6 5 80 YELLOW ON BLACK L

SHOW "Vamos a usar el término 'enfermedad mental' en el resto de este cuestionario, pero" 8 5 80 YELLOW ON BLACK L

SHOW "piense de este término lo que le parezca y se sienta mejor con ello." 9 5 80 YELLOW ON BLACK L

SHOW "Después de que le lea cada declaración, dígame si usted:" 11 10 80 YELLOW ON BLACK L

SHOW " o Fuertemente en Desacuerdo" 13 13 80 YELLOW ON BLACK L

SHOW " o En Desacuerdo" 14 13 80 YELLOW ON BLACK L

SHOW " o De Acuerdo" 15 13 80 YELLOW ON BLACK L

SHOW " o Fuertemente de Acuerdo" 16 13 80 YELLOW ON BLACK L

SHOW "Si la declaración es acerca de algo que usted no vivió," 18 10 80 YELLOW ON BLACK L

SHOW "entonces escoja:'No aplica'." 19 10 80 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: Presion 1 entonces 'Next' para Continuar" 23 5 100 RED ON BLACK L

ENDIF

KEY 1 25 5

Q: Q32

T: 5 5 1

People discriminate against me because I have a mental illness.

T: 10 5 1

1. Strongly Disagree

2. Disagree

3. Agree

4. Strongly Agree

T: 10 50 1

66. Don't Know

88. Does Not Apply

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "La gente discrimina a mí porque tengo una enfermedad mental." 5 5 80 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. De Acuerdo" 12 5 40 YELLOW ON BLACK L

SHOW "4. Fuertemente de Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "88. No Aplica" 11 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 12 50 40 YELLOW ON BLACK L
ENDIF
LOC 10 4 1 Natural
SEL 7 1 1 0 OFF ENTER Q_38

Q: Q33

T: 5 5 1

Others think I can't achieve much in life because I have a mental illness.

T: 10 5 1

1. Strongly Disagree
2. Disagree
3. Agree
4. Strongly Agree

T: 10 50 1

66. Don't Know
88. Does Not Apply
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Otras personas piensan que no puedo obtener mucho en mi vida porque tengo una" 5 5 80 YELLOW ON BLACK L

SHOW "enfermedad mental." 6 5 80 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. De Acuerdo" 12 5 40 YELLOW ON BLACK L

SHOW "4. Fuertemente de Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "88. No Aplica" 11 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 12 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 4 1 Natural

SEL 7 1 1 0 OFF ENTER Q_39

Q: Q34

T: 5 5 1

People ignore me or take me less seriously just because I have a mental illness.

T: 10 5 1

1. Strongly Disagree
2. Disagree
3. Agree
4. Strongly Agree

T: 10 50 1
 66. Don't Know
 88. Does Not Apply
 99. Refused

I:
 IF (LANG = 2)
 CLEAR 5 5 25 200
 SHOW "La gente me ignora o no me toma en serio porque tengo una enfermedad mental."
 5 5 80 YELLOW ON BLACK L
 SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L
 SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L
 SHOW "3. De Acuerdo" 12 5 40 YELLOW ON BLACK L
 SHOW "4. Fuertemente de Acuerdo" 13 5 40 YELLOW ON BLACK L
 SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
 SHOW "88. No Aplica" 11 50 40 YELLOW ON BLACK L
 SHOW "99. Rechazó" 12 50 40 YELLOW ON BLACK L
 ENDIF
 LOC 10 4 1 Natural
 SEL 7 1 1 0 OFF ENTER Q_40

Q: Q35
 T: 5 5 1
 People often patronize me, or treat me like a child, just because I
 have a mental illness.

T: 10 5 1
 1. Strongly Disagree
 2. Disagree
 3. Agree
 4. Strongly Agree

T: 10 50 1
 66. Don't Know
 88. Does Not Apply
 99. Refused

I:
 IF (LANG = 2)
 CLEAR 5 5 25 200
 SHOW "La gente me trata con aire condescendiente o me trata como a un niño porque" 5 5
 80 YELLOW ON BLACK L
 SHOW "tengo una enfermedad mental." 6 5 80 YELLOW ON BLACK L
 SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L
 SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. De Acuerdo" 12 5 40 YELLOW ON BLACK L
 SHOW "4. Fuertemente de Acuerdo" 13 5 40 YELLOW ON BLACK L
 SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
 SHOW "88. No Aplica" 11 50 40 YELLOW ON BLACK L
 SHOW "99. Rechazó" 12 50 40 YELLOW ON BLACK L
 ENDIF
 LOC 10 4 1 Natural
 SEL 7 1 1 0 OFF ENTER Q_41

Q: Q36

T: 5 5 1

Nobody would be interested in getting close to me because I have a mental illness.

T: 10 5 1

1. Strongly Disagree
2. Disagree
3. Agree
4. Strongly Agree

T: 10 50 1

66. Don't Know
88. Does Not Apply
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Nadie está interesado en mí o quiere conocerme porque tengo una" 5 5 90

YELLOW ON BLACK L

show "enfermedad mental." 6 5 80 YELLOW ON BLACK L

SHOW "1. Fuertemente en Desacuerdo" 10 5 40 YELLOW ON BLACK L

SHOW "2. Desacuerdo" 11 5 40 YELLOW ON BLACK L

SHOW "3. De Acuerdo" 12 5 40 YELLOW ON BLACK L

SHOW "4. Fuertemente de Acuerdo" 13 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "88. No Aplica" 11 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 12 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 4 1 Natural

SEL 7 1 1 0 OFF ENTER Q_42

Q: EXPLAIN9

T: 5 5 1

Now, we would like to ask you some questions about other service agencies that you may be involved

with. We are talking about all social service agencies (not just mental health) that provide support to youth and their families (such as developmental disabilities, special education, juvenile justice, chemical dependency, and child welfare services.)

T: 22 5 1

INTERVIEWER: Press 1 then "Next" to Continue

I:

COLOR RED ON BLACK 23 1 23 200

IF (LANG = 2)

CLEAR 5 5 23 200

SHOW "Ahora, quisiera hacerte unas preguntas con respecto a cualesquier otra agencias que te haya provisto" 5 6 100 YELLOW ON BLACK L

SHOW "algun tipo de servicio. Nos referimos a agencias de servicio social (no solo de servicio mental)" 6 6 100 YELLOW ON BLACK L

SHOW "que proveen apoyo al joven y sus familias (tales como con problemas de desarrollo,educacion" 7 6 100 YELLOW ON BLACK L

SHOW "especial, del orden judicial legal, dependencia a drogas y servicios de bienestar al menor)." 8 6 100 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: Presion 1 entonces 'Next' para Continuar" 23 5 100 RED ON BLACK L

ENDIF

KEY 1 25 5

Q: OtherSS

T: 5 5 1

Are you involved with more than one social service agency?

T: 10 10 1

1. Yes

2. No

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Estas recibiendo los servicios de mas de una agencia de servicio social?" 5 5 100 YELLOW ON BLACK L

SHOW "1. Si" 10 5 30 YELLOW ON BLACK L

SHOW "2. No" 11 5 30 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 60 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 60 40 YELLOW ON BLACK L
ENDIF

LOC 10 2 1 Natural

SEL 4 1 1 0 OFF ENTER

IF (ANS = 2) SKP OtherSS_3

IF (ANS = 66) SKP OtherSS_3

IF (ANS = 99) SKP OtherSS_3

Q: OtherSS_2

T: 5 5 1

How well do you think these agencies are working together to meet your needs?

T: 10 10 1

1. Very well
2. Mostly well
3. Not well
4. Not very well

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Consideras que estas agencias o dependencias cumplen y cubren tus necesidades de servicio?" 5 5 100 YELLOW ON BLACK L

SHOW "1. Muy bueno" 10 5 30 YELLOW ON BLACK L

SHOW "2. Generalmente bueno" 11 5 30 YELLOW ON BLACK L

SHOW "3. No bueno" 12 5 30 YELLOW ON BLACK L

SHOW "4. No muy bueno" 13 5 30 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 60 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 60 40 YELLOW ON BLACK L

ENDIF

LOC 10 4 1 Natural

SEL 6 1 1 0 OFF ENTER

Q: OtherSS_3

T: 5 5 1

Do you have a "Child and Family Team? (This is a team that works with you and your family/parents/caregiver to carry out your treatment plan)

T: 10 10 1

1. Yes
2. No

T: 10 50 1
 66. Don't Know
 99. Refused

I:
 IF (LANG = 2)
 CLEAR 5 5 25 200
 SHOW "Estas asignado y/o eres miembro de un equipo integrado por ti mismo y por tu familia?" 5 5 100 YELLOW ON BLACK L
 SHOW "(Este es un interdisciplinario que trabaja en forma conjunta con el menor, los padres del menor y/o el responsable legal del menor, los cuales" 6 5 100 YELLOW ON BLACK L
 SHOW "están involucrados en el plan del tratamiento.)" 7 5 100 YELLOW ON BLACK L
 SHOW "1. Si" 10 5 20 YELLOW ON BLACK L
 SHOW "2. No" 11 5 20 YELLOW ON BLACK L
 SHOW "66. No Sabe" 10 50 30 YELLOW ON BLACK L
 SHOW "99. Rechazó" 11 50 30 YELLOW ON BLACK L
 ENDIF
 LOC 10 2 1 Natural
 SEL 4 1 1 0 OFF ENTER
 IF (ANS = 2) SKP EXPLAIN6
 IF (ANS = 66) SKP EXPLAIN6
 IF (ANS = 99) SKP EXPLAIN6

Q: OtherSS_4
 T: 5 5 1
 How satisfied are you with the team?

T: 10 10 1
 1. Very satisfied
 2. Mostly satisfied
 3. Dissatisfied
 4. Very dissatisfied

T: 10 50 1
 66. Don't Know
 99. Refused

I:
 IF (LANG = 2)
 CLEAR 5 5 25 200
 SHOW "Que tan satisfecho/a se siente usted con este equipo de trabajo?" 5 5 100 YELLOW ON BLACK L
 SHOW "1. Muy satisfecho/a" 10 5 30 YELLOW ON BLACK L
 SHOW "2. Generalment satisfecho/a" 11 5 30 YELLOW ON BLACK L
 SHOW "3. Insatisfecho/a" 12 5 30 YELLOW ON BLACK L

SHOW "4. Muy insatisfecho/a" 13 5 30 YELLOW ON BLACK L
SHOW "66. No Sabe" 10 60 40 YELLOW ON BLACK L
SHOW "99. Rechazó" 11 60 40 YELLOW ON BLACK L
ENDIF
LOC 10 4 1 Natural
SEL 6 1 1 0 OFF ENTER

Q: EXPLAIN6

T: 5 5 1

Next, I have some questions about you. Please be assured that the responses you give to these questions will only be used when comparing the responses of all of the people we interview, not to identify you specifically.

Your individual responses will be kept strictly confidential.

T: 22 5 1

INTERVIEWER: Press 1 then "Next" to Continue

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Después, tengo algunas preguntas sobre usted. Porfavor sientase seguro que las " 5
5 100 YELLOW ON BLACK L

SHOW "respuestas que de ha estas preguntas se usaran solo al compararlas con todas" 6 5
100 YELLOW ON BLACK L

SHOW "las personas que entrevistemos y no para identificarlo a usted especificamente." 7
5 100 YELLOW ON BLACK L

SHOW "Sus respuestas individuales se mantendran estrictamente confidenciales." 9 5 100
YELLOW ON BLACK L

SHOW "ENTREVISTADOR: Presione 1 entonces 'Next' para Continuar" 22 5 100 RED ON
BLACK L

ENDIF

COLOR RED ON BLACK 22 5 22 200

KEY 1 20 5

Q: SEX

T: 5 5 1

Are you female or male?

T: 10 5 1

1. Female

2. Male

T: 10 40 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Es usted..." 5 5 100 YELLOW ON BLACK L

SHOW "1. Del sexo femenino?" 10 5 30 YELLOW ON BLACK L

SHOW "2. Del sexo masculino?" 11 5 30 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 40 30 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 40 30 YELLOW ON BLACK L

ENDIF

LOC 10 2 1 Natural

SEL 4 1 1 0 OFF ENTER

Q: DOB

T: 5 5 1

What is your birth date?

T: 17 5 1

INTERVIEWER: If respondent refuses to give birth date, please enter 01/01/2007

I:

COLOR RED ON BLACK 17 5 17 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Cual es su fecha de nacimiento?" 5 5 100 YELLOW ON BLACK L

SHOW "ENTREVISTADOR:Si rechazó, por favor entre 01/01/2007." 17 5 100 RED ON BLACK L

ENDIF

GETDATE 19910501 19991031 15 15 MM-DD-YYYY

Q: Hispanic

T: 5 5 1

Are you Hispanic, Latino/a, or Spanish origin?

T: 10 10 1

1. No, not Hispanic, Latino/a, or Spanish origin

2. Yes, Mexican, Mexican American, or Chicano/a

3. Yes, Puerto Rican

4. Yes, Cuban

5. Yes, another Hispanic, Latino/a, or Spanish origin

T: 10 80 1

99. Refused

66. Don't Know

T: 20 10 1

INTERVIEWER: Please specify other origin (Hispanic, Latino, or Spanish) in box

I:

COLOR RED ON BLACK 20 5 25 75

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Es usted de origen, hispano, latino o español?" 5 5 60 YELLOW ON BLACK L

SHOW "1. No, no es de origen hispano, latino or español" 10 5 60 YELLOW ON BLACK L

SHOW "2. Sí, mexicano, mexicano americano, chicano" 11 5 60 YELLOW ON BLACK L

SHOW "3. Sí, puertorriqueño" 12 5 40 YELLOW ON BLACK L

SHOW "4. Sí, dominicano" 13 5 40 YELLOW ON BLACK L

SHOW "5. Sí, otro origen hispano, latino o español" 14 5 60 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: Especifique por favor el otro origen hispano, latino, o español."
17 11 100 RED ON BLACK L

SHOW "99. Rechazó" 10 80 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 11 80 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

OTH 5 15 16 16 60

SEL 7 1 7 1 OFF ENTER

Q: RACE

T: 5 5 1

What is your race or ethnic group?

T: 10 5 1

1. Native American or Alaskan Native

2. Asian or Oriental

3. African American or Black

4. Hispanic or Latino

5. White, non-Hispanic

6. Pacific Islander

7. Some other race or ethnic group

T: 17 11 1

INTERVIEWER: Please specify other race/ethnicity in box

T: 10 50 1

66. Don't Know

99. Refused

I:

COLOR RED ON BLACK 17 8 17 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "De que raza o grupo etnico es?" 5 5 100 YELLOW ON BLACK L

SHOW "1. Nativo Americano o Nativo de Alaska" 10 5 40 YELLOW ON BLACK L

SHOW "2. Asiatico u Oriental" 11 5 40 YELLOW ON BLACK L

SHOW "3. Africano Americano o Negro" 12 5 40 YELLOW ON BLACK L

SHOW "4. Hispano o Latino" 13 5 40 YELLOW ON BLACK L

SHOW "5. Blanco, no hispano" 14 5 40 YELLOW ON BLACK L

SHOW "6. De las Islas Pacificas" 15 5 40 YELLOW ON BLACK L

SHOW "7. De otro raza o grupo etnico" 16 5 40 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: Especifique por favor el otro raza o grupo etnico en la caja." 17
11 100 RED ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 7 1 Natural

OTH 7 16 45 16 85 M

SEL 9 1 1 0 OFF ENTER

Q: SCHEXP

T: 5 5 1

Were you expelled or suspended during the past 12 months?

T: 10 5 1

1. Yes

2. No

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 5 200

SHOW "Fue expulsado o fue suspendido durante los últimos 12 meses?" 5 5 80 YELLOW
ON BLACK L

CLEAR 10 5 12 200

SHOW "1. Sí" 10 5 30 YELLOW ON BLACK L

SHOW "2. No" 11 5 30 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 2 1 Natural

SEL 4 1 1 0 OFF ENTER

Q: EXPELPRI

T: 5 5 1

Were you expelled or suspended during the 12 months prior to that?

T: 10 5 1

1. Yes
2. No

T: 10 50 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 5 200

SHOW "Fue expulsado o fue suspendido durante los últimos 12 meses antes de eso?" 5 5

80 YELLOW ON BLACK L

CLEAR 10 5 12 200

SHOW "1. Si" 10 5 30 YELLOW ON BLACK L

SHOW "2. No" 11 5 30 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 2 1 Natural

SEL 4 1 1 0 OFF ENTER

Q: SCHDAYS

T: 5 5 1

Over the last year, the number of days you were in school compared to the previous year is:

T: 10 5 1

1. Greater
2. About the Same
3. Less
4. Does Not Apply

T: 10 50 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 6 200

SHOW "Durante el año pasado, el número del días que usted asistía a la clases en" 5 5 80
YELLOW ON BLACK L

SHOW "comparación con el año pasado es:" 6 5 60 YELLOW ON BLACK L

CLEAR 10 5 13 200

SHOW "1. Mayor" 10 5 40 YELLOW ON BLACK L
SHOW "2. Casi igual" 11 5 40 YELLOW ON BLACK L
SHOW "3. Menos" 12 5 40 YELLOW ON BLACK L
SHOW "4. No Se Aplica" 13 5 50 YELLOW ON BLACK L
SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L
SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L
ENDIF
LOC 10 4 1 Natural
SEL 6 1 1 0 OFF ENTER
SKP SCHSTAT 1
SKP SCHSTAT 2
SKP SCHSTAT 3
SKP SCHSTAT 66
SKP SCHSTAT 99

Q: SCHDAY_NA

T: 5 5 1

Please Select Why This Does Not Apply

T: 10 5 1

1. I did not have a problem with attendance before starting services
2. I have graduated from high school
3. I was expelled from school
4. I am home schooled
5. I dropped out of school
6. Other

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 200 200

SHOW "Seleccione por favor porqué esto no se aplica" 5 5 80 YELLOW ON BLACK L

CLEAR 10 5 18 200

SHOW "1. No tenía un problema con la atención antes de empezar servicios" 10 5 80
YELLOW ON BLACK L

SHOW "2. He graduado del colegio secundario" 11 5 80 YELLOW ON BLACK L

SHOW "3. Me expulsaron de escuela" 12 5 80 YELLOW ON BLACK L

SHOW "4. A casa me enseñan" 13 5 80 YELLOW ON BLACK L

SHOW "5. Dejé a asistir" 14 5 80 YELLOW ON BLACK L

SHOW "6. Otra razón" 15 5 80 YELLOW ON BLACK L

SHOW "66. No Sabe" 17 5 80 YELLOW ON BLACK L

SHOW "99. Rechazó" 18 5 80 YELLOW ON BLACK L

ENDIF

LOC 10 9 1 Natural

OTH 6 15 20 15 75 M
SEL 9 1 1 0 OFF ENTER

Q: SCHSTAT

T: 5 5 1

Are you currently in school?

T: 10 5 1

1. Yes

2. No

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Esta en la escuela actualmente?" 5 5 100 YELLOW ON BLACK L

SHOW "1. Sí" 10 5 40 YELLOW ON BLACK L

SHOW "2. No" 11 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 2 1 Natural

SEL 4 1 1 0 OFF ENTER

SKP COMPLET 2

Q: CURGRADE

T: 5 5 1

What grade are you in, in school?

T: 10 20 1

grade

T: 12 5 1

INTERVIEWER: Enter grade level as a number

> Before first grade = 0

> Sixth grade = 6

> First year of College = 13, etc

> Don't Know or Refused = 99

I:

COLOR RED ON BLACK 12 5 16 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "En que grado va" 5 5 80 YELLOW ON BLACK L
SHOW "Grado" 10 20 80 YELLOW ON BLACK L
SHOW "ENTREVISTADOR: Entre el nivel del grado como un número" 12 5 100 RED ON BLACK L
SHOW "Antes de primero grado = 0" 13 5 100 RED ON BLACK L
SHOW "6th grado = 6" 14 5 100 RED ON BLACK L
SHOW "Primero año de la universidad = 13, etc" 15 5 100 RED ON BLACK L
SHOW "No Sabe o Rechazó = 99" 16 5 100 RED ON BLACK L
ENDIF
NUM 0 99 2 0 10 16
IF (ANS < 99)
SKP GRADES
ENDIF

Q: COMPLET
T: 5 5 1
What was the highest grade that you completed?

T: 10 20 1
grade

T: 12 5 1
INTERVIEWER: Enter completed grade level as a number
> Sixth grade = 6
> First year of College = 13, etc
> Don't Know or Refused = 99

I:
COLOR RED ON BLACK 12 5 15 200
IF (LANG = 2)
CLEAR 5 5 25 200
SHOW "Cual fue el grado mas alto que completo?" 5 5 100 YELLOW ON BLACK L
SHOW "Grado" 10 20 80 YELLOW ON BLACK L
SHOW "ENTREVISTADOR: Entre el nivel del grado como un número" 12 5 100 RED ON BLACK L
SHOW "Sexto Grado = 6" 13 5 80 RED ON BLACK L
SHOW "Primero año de la universidad = 13, etc" 14 5 80 RED ON BLACK L
SHOW "No Sabe or Rechazó=99" 15 5 80 RED ON BLACK L
ENDIF
NUM 0 99 2 0 10 16

Q: GRADES
T: 5 5 1
In your current/last year in school, how were your grades?
Would you say they were...

T: 10 5 1

1. Mostly A's
2. Mostly B's
3. Mostly C's
4. Mostly D's
5. Mostly F's
6. Pass (satisfactory)
7. Fail (unsatisfactory)
8. Other

T: 10 45 1

66. Don't Know
99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "En el ultimo año escolar, cuales calificaciones recibio mas?" 5 5 80 YELLOW ON BLACK L

SHOW "Mas A's" 10 5 35 YELLOW ON BLACK

SHOW "Mas B's" 11 5 35 YELLOW ON BLACK

SHOW "Mas C's" 12 5 35 YELLOW ON BLACK

SHOW "Mas D's" 13 5 35 YELLOW ON BLACK

SHOW "Mas F's" 14 5 35 YELLOW ON BLACK

SHOW "Pase (satisfactorio)" 15 5 35 YELLOW ON BLACK

SHOW "Falle (poco satisfactorio)" 16 5 35 YELLOW ON BLACK

SHOW "Otro" 17 5 35 YELLOW ON BLACK

SHOW "No Sabe" 10 45 35 YELLOW ON BLACK

SHOW "Rechazó" 11 45 35 YELLOW ON BLACK

ENDIF

LOC 10 8 1 Natural

SEL 10 1 1 0 OFF ENTER

Q: MARITAL

T: 5 5 1

Which of the following best describes your marital status?

Are you...

T: 10 5 1

1. Separated
2. Divorced
3. Widowed
4. Single, Never Married, or
5. Married

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG=2)

CLEAR 5 5 25 200

SHOW "Qual de los siguientes describe mas su estado marital?" 5 5 80 YELLOW ON BLACK

L

SHOW "Es usted..." 6 5 80 YELLOW ON BLACK L

SHOW "1. Separado" 10 5 40 YELLOW ON BLACK L

SHOW "2. Divorciado" 11 5 40 YELLOW ON BLACK L

SHOW "3. Viudo" 12 5 40 YELLOW ON BLACK L

SHOW "4. Nunca casado" 13 5 40 YELLOW ON BLACK L

SHOW "5. Casado" 14 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 5 1 Natural

SEL 7 1 1 0 OFF ENTER

Q: LIVING

T: 5 5 1

Who are you living with now?

T: 10 5 1

1. With one parent (include step parent)
2. With both parents (include step parent)
3. With another family member (not parent(s))
4. Foster home
5. Therapeutic foster home
6. Crisis shelter
7. Homeless shelter
8. Group home
9. Residential treatment center
10. Hospital
11. Local jail or detention facility
12. State correctional facility
13. Runaway/homeless
14. Someone other than above

T: 24 12 1

INTERVIEWER: Please specify other living situation in box

I:

COLOR RED ON BLACK 24 10 24 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Con quien vive ahora?" 5 5 80 YELLOW ON BLACK L

SHOW "1. Un padre (incluye padrastros)" 10 5 80 YELLOW ON BLACK L

SHOW "2. Los dos padres (incluye padrastros)" 11 5 80 YELLOW ON BLACK L

SHOW "3. Con otro miembro de la familia (que no sean los padres)" 12 5 80 YELLOW ON BLACK L

SHOW "4. En una casa de crianza" 13 5 80 YELLOW ON BLACK L

SHOW "5. En una casa de crianza terapeutico" 14 5 80 YELLOW ON BLACK L

SHOW "6. En un asilo de crisis" 15 5 80 YELLOW ON BLACK L

SHOW "7. En un asilo para personas sin hogar" 16 5 80 YELLOW ON BLACK L

SHOW "8. Casa de grupo" 17 5 80 YELLOW ON BLACK L

SHOW "9. Centro residencial de tratamiento" 18 5 80 YELLOW ON BLACK L

SHOW "10. Hospital" 19 5 80 YELLOW ON BLACK L

SHOW "11. Carcel local o centro de detencion" 20 5 80 YELLOW ON BLACK L

SHOW "12. Un centro de correccion del estado" 21 5 80 YELLOW ON BLACK L

SHOW "13. Un niño que se fugo de su casa o esta sin hogar" 22 5 80 YELLOW ON BLACK L

SHOW "14. El vive con otra persona que no se ha mencionado arriba" 23 5 80 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: Especifique por favor la otra situación viva en la caja." 25 12 80 RED ON BLACK L

ENDIF

LOC 10 14 1 Natural

OTH 14 24 10 24 80 M

SEL 14 1 1 0 OFF ENTER

Q: CHECKUP_SR

T: 5 5 1

In the last year, did you see a medical doctor (nurse) for a health check up or because you were sick?

T: 10 5 1

1. Yes

2. No

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 6 200

SHOW "El ano pasado, visito a un doctor o enfermera para tener un chequeo de salud " 5 5 80 YELLOW ON BLACK L

SHOW "o porque estuvo enfermo/a?" 6 5 80 YELLOW ON BLACK L

CLEAR 10 5 11 200

SHOW "1. Sí" 10 5 30 YELLOW ON BLACK L

SHOW "2. No" 11 5 30 YELLOW ON BLACK L
SHOW "66. No Sabe" 10 40 30 YELLOW ON BLACK L
SHOW "99. Rechazó" 11 40 30 YELLOW ON BLACK L
ENDIF
LOC 10 2 1 Natural
SEL 4 1 1 0 OFF ENTER

Q: MEDS_SR

T: 5 5 1

Are you on medication for emotional/behavioral problems?

T: 10 5 1

1. Yes

2. No

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 6 200

SHOW "Estas usando medication para problemas de emotion/comportamiento?" 5 5 80
YELLOW ON BLACK L

CLEAR 10 5 11 200

SHOW "1. Sí" 10 5 30 YELLOW ON BLACK L

SHOW "2. No" 11 5 30 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 40 30 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 40 30 YELLOW ON BLACK L

ENDIF

LOC 10 2 1 Natural

SEL 4 1 1 0 OFF ENTER

Q: MEDICAID

T: 5 5 1

Do you have Medicaid insurance?

T: 10 5 1

1. Yes

2. No

T: 10 45 1

66. Don't Know

99. Refused

T: 15 5 1

INTERVIEWER: If Don't Know, ask: Do you have Healthy Options or Medical coupons?

I:

COLOR RED ON BLACK 15 5 15 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Tiene seguro Medicaid" 5 5 80 YELLOW ON BLACK L

SHOW "1. Sí" 10 5 40 YELLOW ON BLACK L

SHOW "2. No" 11 5 40 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 45 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 45 40 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: Si no sabe, por favor pregunte - Recibe cupones medicos o tiene 'Healthy Options'?" 15 5 80 RED ON BLACK L

ENDIF

LOC 10 2 1 Natural

SEL 4 1 1 0 OFF ENTER

Q: ARRESTPST

T: 5 5 1

Were you arrested during the past 12 months?

T: 10 5 1

1. Yes

2. No

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 5 200

SHOW "Le arrestaron durante los últimos doce meses?" 5 5 80 YELLOW ON BLACK L

CLEAR 10 5 12 200

SHOW "1. Sí" 10 5 30 YELLOW ON BLACK L

SHOW "2. No" 11 5 30 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 2 1 Natural

SEL 4 1 1 0 OFF ENTER

Q: ARRESTPRI

T: 5 5 1

Were you arrested the 12 months prior to that?

T: 10 5 1

1. Yes

2. No

T: 10 50 1

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 5 200

SHOW "Le arrestaron en los doce meses antes de eso?" 5 5 80 YELLOW ON BLACK L

CLEAR 10 5 12 200

SHOW "1. Sí" 10 5 30 YELLOW ON BLACK L

SHOW "2. No" 11 5 30 YELLOW ON BLACK L

SHOW "66. No Sabe" 10 50 40 YELLOW ON BLACK L

SHOW "99. Rechazó" 11 50 40 YELLOW ON BLACK L

ENDIF

LOC 10 2 1 Natural

SEL 4 1 1 0 OFF ENTER

Q: ENCOUNTERS

T: 5 5 1

Over the last year, have your encounters with police...

T: 10 5 1

1. been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program).

2. Stayed the same

3. Increased

4. Not applicable (I had no police encounters this year or last year)

66. Don't Know

99. Refused

I:

IF (LANG = 2)

CLEAR 5 5 5 200

SHOW "Durante el año pasado, mis encuentros con el policía..." 5 5 80 YELLOW ON BLACK

L

CLEAR 10 5 22 200

SHOW "1. reducido (por ejemplo, no han sido arrestados, molestado por el policía," 10 5 80
YELLOW ON BLACK L
SHOW "llevado por el policía a un programa del abrigo o de la crisis)" 11 11 80 YELLOW
ON BLACK L
SHOW "2. Permanecía igual" 12 5 80 YELLOW ON BLACK L
SHOW "3. Aumentado" 14 5 80 YELLOW ON BLACK L
SHOW "4. No se aplica (no tenía ningún encuentro del policía este año o el año pasado)" 16
5 80 YELLOW ON BLACK L
SHOW "66. No Sabe" 20 5 80 YELLOW ON BLACK L
SHOW "99. Rechazó" 22 5 80 YELLOW ON BLACK L
ENDIF
LOC 10 7 2 Natural
SEL 7 1 1 0 OFF ENTER

Q: EXPLAIN7

T: 5 5 1

The last three questions are open-ended and I will type what you say.

T: 22 5 1

INTERVIEWER: Please record respondent's own words as much as possible.

T: 23 18 1

Press 1 then Next to Continue

I:

COLOR RED ON BLACK 22 5 23 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Los ultimos tres preguntas son de respuestas libre y voy a escribir lo." 5 5 80

YELLOW ON BLACK L

SHOW "ENTREVISTADOR: Por favor escriba lo que el consumidor diga en sus propias" 22

5 80 RED ON BLACK L

SHOW "Presione 1 entonces 'Next' para Continuar" 23 29 80 RED ON BLACK L

ENDIF

NUM 1 1 1 0 20 15

Q: LIKEMOST

T: 5 5 1

What two things do you like the MOST about the mental health services
you received?

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Cuales dos cosas le gustó mas sobre los servicios que usted recibió?" 5 5 80

YELLOW ON BLACK L

ENDIF

OPENEND 10 5 20 80 Mixed NOSROLL

Q: LIKELEST

T: 5 5 1

What two things do you like the LEAST about the mental health services you received?

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Cuales dos cosas le gustó menos sobre los servicios que usted recibió?" 5 5 80

YELLOW ON BLACK L

ENDIF

OPENEND 10 5 20 80 Mixed NOScroll

Q: COMMENTS

T: 5 5 1

Do you have any other comments you would like to make?

I:

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Tiene algunos commentaries que le gustaria agregar?" 5 5 80 YELLOW ON BLACK

L

ENDIF

OPENEND 10 5 20 80 Mixed NOScroll

Q: THANKYOU

T: 5 5 1

Those are all the questions I have.

Thank you very much for your time.

T: 22 5 1

INTERVIEWER: Press 1 then "Next" to Continue

I:

COLOR RED ON BLACK 22 5 22 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Son todas las preguntas que tengo" 5 5 80 YELLOW ON BLACK L

SHOW "Muchas gracias por su tiempo." 7 5 80 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: ..." 22 5 80 RED ON BLACK L

ENDIF

KEY 1 20 5

Q: LANGUAGE

T: 5 5 1

What language was this interview completed in?

T: 10 5 1

1. English
2. Spanish
3. Russian

I:

LOC 10 3 1 Natural

SEL 3 1 1 0 OFF ENTER

Q: END

T: 10 15 1

INTERVIEWER: Enter 1 then Press "Next" to Terminate.

I:

COLOR RED ON BLACK 10 15 10 200

KEY 1 8 15

CPL

DISPOS = 14

ENDQUEST

Q: NOTQAL

T: 5 5 1

Thank you for your time.

T: 10 5 1

INTERVIEWER: Enter 1 then Press "Next" to Terminate.

I:

COLOR RED ON BLACK 10 5 10 200

IF (LANG = 2)

CLEAR 5 5 25 200

SHOW "Gracias por su tiempo" 5 5 80 YELLOW ON BLACK L

SHOW "ENTREVISTADOR: ..." 10 5 80 RED ON BLACK L

ENDIF

KEY 1 8 5

ENDQUEST

APPENDIX F

Disposition of Sample

Table F-1. Dispositions by RSN

		SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI	Total
C F C S 2 0 1 4	Incorrect	N	92	193	105	134	94	98	106	68	87	67	1,113
	Number	%	27.5	31.3	30.3	38.6	31.4	34.5	30.8	30.1	25.1	27.6	31.0
	Language	N	2	5	4	3	0	1	2	0	2	1	21
	Barrier	%	0.6	0.8	1.2	0.9	0.0	0.4	0.6	0.0	0.6	0.4	0.6
	Unavailable	N	4	7	7	2	3	2	7	3	5	6	50
		%	1.2	1.1	2.0	0.6	1.0	0.7	2.0	1.3	1.4	2.5	1.4
	Refusals	N	25	66	31	30	21	35	29	19	29	14	316
		%	7.5	10.7	8.9	8.6	7.0	12.3	8.4	8.4	8.4	5.8	8.8
	Completions	N	92	155	90	68	75	52	81	61	89	72	882
		%	27.5	25.1	25.9	19.6	25.1	18.3	23.5	27.0	25.7	29.6	24.6
	No Mental Health Services	N	1	10	2	3	4	6	2	6	4	0	40
		%	0.3	1.6	0.6	0.9	1.3	2.1	0.6	2.7	1.2	0.0	1.1
	Deceased	N	0	0	0	1	0	0	0	0	0	0	1
		%	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	No Answer	N	100	157	89	102	90	76	105	61	110	72	1019
		%	29.9	25.4	25.6	29.4	30.1	26.8	30.5	27.0	31.8	29.6	28.4
	Other	N	19	24	19	4	12	14	12	8	20	11	148
		%	5.7	3.9	5.5	1.2	4.0	4.9	3.5	3.5	5.8	4.5	4.1
	Total N		335	617	347	347	299	284	344	226	346	243	3590

APPENDIX G

Review of Qualitative Data

Responses to Open-Ended Questions

The last three survey questions offer participants the opportunity to choose their own words for expressing themselves and their levels of satisfaction. The first question asks, “What two things do you like the *most* about the mental health services you received?” The second question asks, “What two things do you like the *least* about the mental health services you received?” And the third question asked, “Do you have some comments you would like to make about any of the questions or services that you have received or were not covered in the survey?” Only the first two questions will be addressed here.

After the researchers reviewed answers to the questions, the responses were coded into specific response categories, based on emergent themes. The categories for responses to open-ended questions for 2014 are as follows:

Services – includes references to services in general, service effectiveness, and comments on specific services, i.e., confidentiality, interpreters, housing, etc;

Support – includes references to support and understanding, listening skills and overall help;

Group Therapy – includes references to group therapy, sessions, and participants;

Medication – includes any reference to prescription medication or medication management;

Access (Time, Convenience, or Money) – includes references to appointment time, availability, scheduling, flexibility, cost, and general convenience;

Office or General Staff – includes references to receptionists and office personnel, and general statements about ‘staff’;

Therapy or Case Management Staff – includes references about therapists, case managers, social or case workers, and psychologists;

Environment— includes comments about the physical mental health setting and agency policies;

Medical Staff – includes references about psychiatrists, medical doctors, nurse practitioners, and nurses;

Stigma – includes references to respect, fairness, discrimination, bias, or mental health stigma;

Access (Place, Distance, or Transportation) – includes references to appointment location, distance, parking, and access to transportation;

Communication – includes references to information sharing;

***Staff Turnover** – specific statements about the rapid turnover of counseling personnel;

***Fear of Other Patients** – specific statements indicating that the respondent was afraid of other patients at the service agency;

*The final two response categories, ‘Staff Turnover’ and ‘Fear of Other Patients’, are specific to the question regarding the Least Liked Aspect of Received Services.

Some respondents do not answer the open-ended questions. In 2014, 92% of Family respondents and 97% of Youth respondents shared their most liked aspects of services, and 56% of Family respondents and 41% of Youth respondents offered their least liked aspects of services. Further, many respondents who do choose to answer the open-ended questions list more than two things for each question. As a result, for the Family sample, we have 901 most liked aspects of services, provided by 592 respondents, and for the Youth sample, we have 341 most liked aspects of services, provided by 243 respondents. Similarly, for the Family sample, we have 496 least liked aspects of services, provided by 359 respondents, and for the Youth sample, we have 122 least liked aspects of services, but only 103 respondents answered that question. Finally, whether respondents list one or four aspects of services they received, they don't hierarchize their lists. Tables F-1 and F-2 outline the responses for the sample as a whole.

Overall Responses to the First Question:

In the first open-ended question, participants were asked what they liked the *most* about the mental health services they received (see Tables G-1, G-2, G-5, and G-6 below). Overall, among Family respondents, 30.3% most liked 'Services', referring to services in general or to some specific aspect of services received, or to the effects of those services. Also among Family respondents, 21.4% most liked the 'Support' that was provided to them through mental health services, and 20.3% most liked 'Therapy or Case Management Staff', who were often identified as the personnel who provided the most support. Among Youth respondents, 33.4% most liked the 'Services' received, and Youth were more likely than other respondents to note the effects of services as what they liked. Youth respondents also liked (27.6%) the 'Support' they received and the 'Therapy or Case Management Staff' (11.7%). This pattern implies that consumers particularly value the relationships that they develop while receiving services.

Table G-1. Most Liked Aspect of Received Services - Family

		%	N
C F C S 2 0 1 4	Services	30.3	273
	Support	21.4	193
	Group Therapy	0.0	0
	Medication	1.6	14
	Access (Time, Convenience, or Money)	9.0	81
	Office or General Staff	3.3	30
	Therapy or Case Management Staff	20.3	183
	Environment	0.8	7
	Medical Staff	2.4	22
	Stigma	2.4	22
	Access (Place, Distance, or Transportation)	5.0	45
	Communication	4.2	38
	Total Responses	100.7*	901
	Total Respondents	92.1	592

*Total percentage exceeds 100 as a result of rounding.

- "The psychologist was great with my child. All the professionals were very attentive and always were very respectful with me and my child."*
- "They turned our life around and they brought us into family therapy. They gave us the tools to work with her and her meltdowns."*
- "They are very very understanding with him and explain whats going on. They are helping me understand that I didn't do anything to make him this way."*
- "The therapist involved me in all the treatment for my daughter."*
- "They treat me with respect. They talk to me in a way that I can understand, and I have been seeing a lot of good results in my child's behavior and conduct."*
- "They treated her with respect and understanding. They helped her to understand that what happened was not her fault."*
- "They don't judge us. They help us cope with day to day problems and issues."*

Table G-2. Most Liked Aspect of Received Services - Youth

		%	N
C F C S 2 0 1 4	Services	33.4	114
	Support	27.6	94
	Group Therapy	0.9	3
	Medication	0.3	1
	Access (Time, Convenience, or Money)	6.2	21
	Office or General Staff	8.2	28
	Therapy or Case Management Staff	11.7	40
	Environment	2.1	7
	Medical Staff	0.9	3
	Stigma	6.5	22
	Access (Place, Distance, or Transportation)	1.8	6
	Communication	0.6	2
	Total Responses	100.2	341
	Total Respondents	97.2	243

*Total percentage exceeds 100 as a result of rounding.

- "I like that I can talk to someone outside of my house to help cope with my anxiety and depression."*
- "I liked that I learned how to calm down instead of throwing a fit. Me and my family are a lot closer than we used to be."*
- "I liked that they were caring and patient with me."*
- "It helped me focus in school and it helped me in life."*
- "Everyone is really nice to me. They don't judge me and they accept me for who I am."*
- "I liked that the people were understanding and nonjudgemental."*
- "It's very helpful and it's a place where I can talk and feel safe."*
- "I like how understanding they were and how accepting they were of my sexual orientation. They didn't discriminate against me for it."*

Overall Responses to the Second Question:

The second open-ended question asked respondents about what they liked the least about the mental health services they received (see Tables G-3, G-4, G-7, and G-8 below). Both Family and Youth respondents indicated overwhelmingly that they least liked their access to services. 'Access (Time, Convenience, or Money)' was disliked by 35.3% of Family respondents, and by 32.8% of Youth respondents. An additional 10.1% of Family and 7.4% of Youth respondents disliked 'Access (Place, Distance, or Transportation)'. Many respondents expressed difficulty in scheduling appointments and frustration with long waiting times between appointments and with the limited number of allowed appointments. Many respondents must also travel long distances, often by public transport, to access mental health services. Some expressed frustration that they must take their children out of school for appointments and 7.9% of Family respondents disliked that staff turnover prohibited their children from maintaining relationships with providers.

General or specific aspects of 'Services', or the (lack of) effects of services were also least liked by 17.1% of Family respondents and 11.5% of Youth respondents. Among Youth respondents, 14.8% were unhappy with the (lack of) support they felt that they had received.

Table G-3. Least Liked Aspect of Received Services - Family

		%	N
C F C S 2 0 1 4	Services	17.1	85
	Support	6.4	32
	Group Therapy	0.0	0
	Medication	2.2	11
	Access (Time, Convenience, or Money)	35.3	175
	Office or General Staff	2.2	11
	Therapy or Case Management Staff	6.4	32
	Environment	3.4	17
	Medical Staff	1.0	5
	Staff Turnover	7.9	39
	Stigma	2.0	10
	Fear of Other Patients	1.2	6
	Access (Place, Distance, or Transportation)	10.1	50
	Communication	5.6	28
	Total Responses	100.8*	496
	Total Respondents	55.8	359

*Total percentage exceeds 100 as a result of rounding.

-*"It was very far to travel and he had to miss school to get to his appointments."*

-*"He has had five counselors in a year. They leave or quit for some reason."*

-“Appointments were hard to get, and in general they were very fast to push medications and seemed to always push that on us, and we do not believe in using medications.”

-“I don’t like the distance. It’s in a different town.”

-“I feel that it takes a while to get comfortable with a counselor and then they would get switched to another one and we’d start all over again.”

-“The location is a problem and sometimes the child misses school due to scheduling difficulties.”

“It was really hard to get in because the counselor was so busy and the location was hard.”

Table G-4. Least Liked Aspect of Received Services - Youth

		%	N
C F C S 2 0 1 4	Services	11.5	14
	Support	14.8	18
	Group Therapy	0.0	0
	Medication	5.7	7
	Access (Time, Convenience, or Money)	32.8	40
	Office or General Staff	6.6	8
	Therapy or Case Management Staff	4.1	5
	Environment	8.2	10
	Medical Staff	0.0	0
	Staff Turnover	7.4	9
	Stigma	0.8	1
	Fear of Other Patients	0.8	1
	Access (Place, Distance, or Transportation)	7.4	9
	Communication	0.0	0
	Total Responses	100.1	122
	Total Respondents	41.2	103

*Total percentage exceeds 100 as a result of rounding.

-“I didn’t like the way my counselor treated me. She was still in school and was not sure what she was doing.”

-“I didn’t like the location and the times that were available.”

-“I didn’t like the waiting for the appointments, and time with the counselors was too short.”

-“It wasn’t always compatible with my parents’ schedule and it was sometimes during school.”

-“Sessions were limited and not enough services were available. And I cannot get enough local help.”

Differences Among RSNs

Tables G-5 through G-8 show differences among responses to the open-ended questions, by RSN. Most differences were not dramatic, but some do stand out. Among Family respondents, both like and dislike of 'Services' varied widely by RSN. In Thurston/Mason RSN, a higher proportion of Family respondents particularly like the 'Medical Staff', and in Greater Columbia RSN, a larger proportion of Family respondents mentioned the ways that their services positively addressed 'Stigma', in that they felt respected, fairly treated, or that they were not looked down upon. Family respondents indicate that 'Staff Turnover' is disproportionately problematic in King County RSN (13.8%), Grays Harbor RSN (15.4%), and Southwest Washington RSN (15.2%).

Care should be taken when interpreting the Youth respondent responses by RSN, because there are so few total responses for each RSN. With this in mind, Youth respondents disproportionately (46.2) like 'Services' in Pierce County RSN, and they disproportionately like the 'Office or General Staff' in Greater Columbia RSN (16.1%) and Chelan/Douglas RSN (15.4%). 'Therapy or Case Management Staff' are particularly popular across the board, but Youth respondents particularly (31.8%) like them in Timberlands RSN.

Also interesting however, is the lack of difference among RSNs with regard to respondent dissatisfaction with both categories of "Access". Although place, location, and transportation were problematic for fewer respondents than time, general convenience, or cost, all forms of access seem to present obstacles in every RSN.

Table G-5. Most Liked Aspect of Received Services by RSN - Family

		SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI
Services	N	29	52	28	24	21	10	28	13	22	32	13
	%	34.9	28.8	33.3	37.5	24.4	20.0	34.6	20.6	23.7	40.5	32.5
Support	N	19	40	15	12	18	12	13	14	23	19	8
	%	22.9	22.2	17.9	18.8	20.9	24.0	16.0	22.2	24.7	24.1	20.0
Medication	N	0	3	1	3	2	1	2	1	1	0	0
	%	0.0	1.6	1.2	4.7	2.3	2.0	2.5	1.6	1.1	0.0	0.0
Access (Time, Convenience or Money)	N	5	20	7	4	10	5	5	7	11	2	5
	%	6.0	11.1	8.3	6.3	11.6	10.0	6.2	11.1	11.8	2.5	12.5
Office or General Staff	N	3	3	2	3	4	0	3	3	3	1	3
	%	3.6	1.6	2.4	4.7	4.7	0.0	3.7	4.8	3.2	1.3	7.5
Therapy or Case Management Staff	N	17	39	21	9	18	14	15	16	17	14	3
	%	20.5	21.6	25.0	14.1	20.9	28.0	18.5	25.4	18.3	17.7	7.5
Environment	N	0	0	0	0	2	1	1	0	2	0	1
	%	0.0	0.0	0.0	0.0	2.3	2.0	1.2	0.0	2.2	0.0	2.5
Medical Staff	N	3	2	3	3	1	5	3	0	2	0	0
	%	3.6	1.1	3.6	4.7	1.2	10.0	3.7	0.0	2.2	0.0	0.0
Stigma	N	1	4	1	5	2	0	2	0	3	4	0
	%	1.2	2.2	1.2	7.8	2.3	0.0	2.5	0.0	3.2	5.1	0.0
Access (Place, Distance, or Transportation)	N	3	11	3	1	3	1	6	6	3	4	3
	%	3.6	6.1	3.6	1.6	3.5	2.0	7.4	9.5	3.2	5.1	7.5
Communication	N	3	6	3	0	5	1	3	3	6	3	4
	%	3.6	3.3	3.6	0.0	5.8	2.0	3.7	4.8	6.5	3.8	10.0
Total Responses	N	83	180	84	64	86	50	81	63	93	79	40
	%	99.9	99.6	100.1	100.2	99.9	100.0	100.0	100.0	100.1	100.1	100.0
Total Respondents	N	59	110	60	43	53	35	54	38	57	51	28
	%	93.7	92.4	95.2	91.5	91.4	94.6	93.1	95.0	90.5	92.7	96.6

*Total percentage exceeds 100 as a result of rounding.

**The response category 'Group Therapy' is not included in this table because no responses fit into that category.

Table G-6. Most Liked Aspect of Received Services by RSN - Youth

		SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI
Services	N	16	15	10	9	8	6	12	12	13	10	2
	%	41.0	30.0	29.4	29.0	30.8	30.0	46.2	37.5	44.8	38.5	9.1
Support	N	9	15	14	9	8	6	4	10	8	4	5
	%	23.1	30.0	41.2	29.0	30.8	30.0	15.4	31.3	27.6	15.4	22.7
Group Therapy	N	0	1	1	0	0	0	0	0	0	0	1
	%	0.0	2.0	2.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.6
Medication	N	0	1	0	0	0	0	0	0	0	0	0
	%	0.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Access (Time, Convenience or Money)	N	3	5	1	3	2	0	3	0	1	1	1
	%	7.7	10.0	2.9	9.7	7.7	0.0	11.5	0.0	3.5	3.9	4.6
Office or General Staff	N	4	3	0	5	1	2	2	3	1	4	2
	%	10.3	6.0	0.0	16.1	3.8	10.0	7.7	9.4	3.5	15.4	9.1
Therapy or Case Management Staff	N	2	5	4	5	5	2	3	3	1	3	7
	%	5.1	10.0	11.8	16.1	19.2	10.0	11.5	9.4	3.5	11.5	31.8
Environment	N	1	1	0	0	0	0	1	0	2	1	1
	%	2.6	2.0	0.0	0.0	0.0	0.0	3.9	0.0	6.9	3.9	4.6
Medical Staff	N	0	1	0	0	1	0	0	0	0	0	0
	%	0.0	2.0	0.0	0.0	3.8	0.0	0.0	0.0	0.0	0.0	0.0
Stigma	N	4	3	3	0	0	3	0	4	2	2	1
	%	10.3	6.0	8.8	0.0	0.0	15.0	0.0	12.5	6.9	7.7	4.6
Access (Place, Distance, or Transportation)	N	0	0	0	0	1	1	1	0	1	0	2
	%	0.0	0.0	0.0	0.0	3.9	5.0	3.9	0.0	3.5	0.0	9.1
Communication	N	0	0	1	0	0	0	0	0	0	1	0
	%	0.0	0.0	2.9	0.0	0.0	0.0	0.0	0.0	0.0	3.9	0.0
Total Responses	N	39	50	34	31	26	20	26	32	29	26	22
	%	100.1	100.0	99.9	99.9	100.0	100.0	100.1	100.1	100.2	100.2	100.2
Total Respondents	N	25	33	25	20	15	15	22	19	24	16	16
	%	86.2	91.6	92.6	95.2	88.2	100.0	95.7	90.5	92.3	94.1	88.8

*Total percentage exceeds 100 as a result of rounding.

Table G-7. Least Liked Aspect of Received Services by RSN - Family

		SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI
Services	N	8	15	10	5	9	7	14	4	8	2	3
	%	15.4	18.8	18.9	16.6	13.2	20.6	23.0	15.4	17.4	7.4	13.6
Support	N	4	4	2	2	6	5	3	1	3	1	1
	%	7.7	5.0	3.8	6.6	8.8	14.7	4.9	3.9	6.5	3.7	4.6
Group Therapy	N	0	0	0	0	0	1	0	0	0	0	0
	%	0.0	0.0	0.0	0.0	0.0	2.9	0.0	0.0	0.0	3.7	0.0
Medication	N	1	1	2	3	2	0	0	0	1	0	1
	%	1.9	1.3	3.8	10.0	2.9	0.0	0.0	0.0	2.2	0.0	4.6
Access (Time, Convenience or Money)	N	20	26	18	11	21	12	22	12	16	9	7
	%	38.5	32.5	34.0	36.6	30.9	35.3	36.1	46.1	34.8	33.3	31.8
Office or General Staff	N	1	0	0	0	2	2	1	1	0	1	2
	%	1.9	0.0	0.0	0.0	2.9	5.9	1.6	3.9	0.0	3.7	9.1
Therapy or Case Management Staff	N	3	6	3	1	6	1	5	3	1	1	2
	%	5.8	7.5	5.7	3.3	8.8	2.9	8.2	11.5	2.2	3.7	9.1
Environment	N	3	2	3	1	2	0	2	0	1	2	1
	%	5.8	2.5	5.7	3.3	2.9	0.0	3.3	0.0	2.2	7.4	4.6
Medical Staff	N	0	1	0	0	0	1	1	0	1	1	0
	%	0.0	1.3	0.0	0.0	0.0	2.9	1.6	0.0	2.2	3.7	0.0
Staff Turnover	N	0	11	3	1	5	0	6	4	7	0	2
	%	0.0	13.8	5.7	3.3	7.4	0.0	9.8	15.4	15.2	0.0	9.1
Stigma	N	1	3	1	1	1	0	1	0	1	1	0
	%	1.9	3.8	1.9	3.3	1.5	0.0	1.6	0.0	2.2	3.7	0.0
Fear of Other Patients	N	1	0	1	0	2	1	0	0	1	0	0
	%	1.9	0.0	1.9	0.0	2.9	2.9	0.0	0.0	2.2	0.0	0.0
Access (Place, Distance, or Transportation)	N	5	6	8	5	9	2	3	1	5	4	1
	%	9.6	7.5	15.1	16.6	13.2	5.9	4.9	3.9	10.9	14.8	4.6
Communication	N	5	5	2	0	3	2	3	0	1	4	2
	%	9.6	6.3	3.8	0.0	4.4	5.9	4.9	0.0	2.2	14.8	9.1
Total Responses	N	52	80	53	30	68	34	61	26	46	27	22
	%	100.0	100.3	100.3	99.6	99.8	99.9	99.9	100.1	100.2	99.9	100.2
Total Respondents	N	37	57	39	22	47	25	39	21	32	20	18
	%	58.7	47.9	61.9	46.8	81.0	67.6	67.2	52.5	50.8	36.4	62.1

*Total percentage exceeds 100 as a result of rounding.

Table G-8. Least Liked Aspect of Received Services by RSN - Youth

		SP	KI	NS	GC	PE	TM	PI	GH	CL	CD	TI
Services	N	0	2	3	2	2	1	1	1	2	0	0
	%	0.0	13.3	21.4	20.0	18.2	25.0	7.7	10.0	14.3	0.0	0.0
Support	N	3	3	0	1	1	0	2	2	2	3	0
	%	15.0	20.0	0.0	10.0	9.1	0.0	15.4	20.0	14.3	37.5	0.0
Medication	N	1	0	3	0	1	0	1	0	0	1	0
	%	5.0	0.0	21.4	0.0	9.1	0.0	7.7	0.0	0.0	12.5	0.0
Access (Time, Convenience or Money)	N	5	5	2	6	4	1	7	1	5	3	1
	%	25.0	33.3	14.3	60.0	36.4	25.0	53.9	10.0	35.7	37.5	50.0
Office or General Staff	N	3	0	1	0	0	1	0	2	0	1	0
	%	15.0	0.0	7.1	0.0	0.0	25.0	0.0	20.0	0.0	12.5	0.0
Therapy or Case Management Staff	N	1	0	0	0	2	0	0	0	1	0	1
	%	5.0	0.0	0.0	0.0	18.2	0.0	0.0	0.0	7.1	0.0	50.0
Environment	N	3	1	2	0	0	0	1	3	0	0	0
	%	15.0	6.7	14.3	0.0	0.0	0.0	7.7	30.0	0.0	0.0	0.0
Staff Turnover	N	2	0	2	0	0	1	0	0	4	0	0
	%	10.0	0.0	14.3	0.0	0.0	25.0	0.0	0.0	28.6	0.0	0.0
Stigma	N	0	0	0	0	0	0	0	1	0	0	0
	%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0	0.0	0.0	0.0
Fear of Other Patients	N	0	0	0	1	0	0	0	0	0	0	0
	%	0.0	0.0	0.0	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Access (Place, Distance, or Transportation)	N	2	4	1	0	1	0	1	0	0	0	0
	%	10.0	26.7	7.1	0.0	9.1	0.0	7.7	0.0	0.0	0.0	0.0
Total Responses	N	20	15	14	10	11	4	13	10	14	8	2
	%	100.0	100.0	99.9	100.0	100.1	100.0	100.1	100.0	100.0	100.0	100.0
Total Respondents	N	14	13	12	10	9	3	11	9	13	6	2
	%	48.3	36.1	44.4	47.6	52.9	20.0	47.8	42.9	50.0	35.3	11.1

*Total percentage exceeds 100 as a result of rounding.

**The response categories 'Communication', 'Medical Staff' and 'Group Therapy' are not included in this table because no responses fit into those categories.